

Case Number:	CM15-0176793		
Date Assigned:	09/17/2015	Date of Injury:	03/29/1995
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 65 year old female who sustained an industrial injury on 03-29-1995. Medical records indicate the injured worker has Neck pain situation post fusion of C5, C6, XC7 (03-2000) and fusion of C4, C5 (12-2012), Loss of voice and chronic throat irritation situation post -surgery of cervical spine in 2012, and left foot pain situation post-surgical repair x2. The injured worker is being evaluated for her foot pain. Treatment to date has included foot surgery and medications. Her medications include Morphine, Lidoderm, Valium, and Regalin. In the provider notes of 08/12/2015, the injured worker is evaluated for left foot and ankle pain. The pain is reduced from a 10 on a scale of 0-10 with use of Morphine and Valium. Her urine drug screen (07-17-2015) was consistent with her prescriptions. She has vertigo and also complains of falling in her house. Objectively, the worker has a slowed guarded time rising from a sitting position. She uses a cane for assistance and has a steady gait at the time of the evaluation. Treatment plan includes follow-up and medications. A request for authorization was submitted for: Retrospective Reglan 10mg #60, and Retrospective Valium 5mg #60. A utilization review decision 08-25-2015 non-approved both the Regalin and the Valium requests.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Reglan 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a684035.html>.

Decision rationale: Pursuant to Medline plus, retrospective Reglan 10 mg #60 is not medically necessary. Metoclopramide is used to relieve heartburn and speed the healing of ulcers and sores in the esophagus (tube that connects the mouth to the stomach) in people who have gastroesophageal reflux disease (GERD; condition in which backward flow of acid from the stomach causes heartburn and injury of the esophagus) that did not get better with other treatments. Metoclopramide is also used to relieve symptoms caused by slow stomach emptying in people who have diabetes. These symptoms include nausea, vomiting, heartburn, loss of appetite, and feeling of fullness that lasts long after meals. Metoclopramide is in a class of medications called prokinetic agents. It works by speeding the movement of food through the stomach and intestines. In this case, the injured worker's working diagnoses are neck pain status post fusion C5, C6, C7 March 2000; fusion C4, C5 December 2012; chronic throat irritation status post surgery cervical spine 2012; left foot pain status post surgical repair times #2. Date of injury is March 29, 2015. Request for authorization is August 19, 2015. The injured worker is status post surgical repair of the left foot and cervical fusions. According to a progress note dated March 3, 2015, current medications included Valium, morphine sulfate and Lidoderm patches. According to a July 17, 2015 progress note, Reglan 10 mg was added to the drug regimen. There was no clinical indication or rationale for its use. According to an August 12, 2015 progress note, the injured worker has ongoing left foot and ankle pain. Pain score is 10/10, but with medications is 1/10. The injured worker reports Lidoderm patches have not been used in some time, but when they are used it relieves the pain. Objectively, the injured worker ambulates with a cane and has a slow guarded gait. Blood pressure is 129/83. There is no physical examination and medical record. As noted above, there is no clinical indication or rationale for Reglan. There are no gastrointestinal issues, nausea or vomiting or gastroesophageal reflux to warrant Reglan 10 mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for Reglan and no gastrointestinal issues with documentation of objective functional improvements, retrospective Reglan 10 mg #60 is not medically necessary.

Retrospective Valium 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Valium 5 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are neck pain status post fusion C5, C6, C7 March 2000; fusion C4, C5 December 2012; chronic throat irritation status post surgery cervical spine 2012; left foot pain status post surgical repair times #2. Date of injury is March 29, 2015. Request for authorization is August 19, 2015. The injured worker is status post surgical repair of the left foot and cervical fusions. According to a progress note dated March 3, 2015, current medications included Valium, morphine sulfate and Lidoderm patches. According to a July 17, 2015 progress note, Reglan 10 mg was added to the drug regimen. There was no clinical indication or rationale for its use. According to an August 12, 2015 progress note, the injured worker has ongoing left foot and ankle pain. Pain score is 10/10, but with medications is 1/10. The injured worker reports Lidoderm patches have not been used in some time, but when they are used it relieves the pain. Objectively, the injured worker ambulates with a cane and has a slow guarded gait. Blood pressure is 129/83. There is no physical examination and medical record. The treating provider prescribed Valium, at a minimum, as far back as March 31 2015 (four months). Valium is not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The documentation does not demonstrate objective functional improvement to support ongoing Valium. Moreover, the guidelines do not support long-term (longer than two weeks) use of the Valium. There is no physical examination and medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for long-term use, no recent physical examination and no documentation demonstrating objective functional improvement, retrospective Valium 5 mg #60 is not medically necessary.