

Case Number:	CM15-0098258		
Date Assigned:	05/29/2015	Date of Injury:	01/14/1993
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64 year old who has filed a claim for chronic shoulder, neck, foot, knee, and hip pain reportedly associated with an industrial injury of January 14, 1993. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve a request for Reglan. A RFA form received on April 30, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated January 5, 2015, Percocet, Effexor, Reglan, urine drug testing, and in-office Kenalog injection were endorsed. In an associated progress note of December 18, 2014, the applicant reported multifocal complaints of shoulder pain, neck pain, fibromyalgia, and depression. The applicant was apparently treating some of her conditions elsewhere. The applicant was using Percocet, Effexor, Lunesta, Plaquenil, prednisone, methotrexate, Celebrex, Lidoderm, Colace, Reglan, and Prilosec, it was stated. It was not clearly stated for what issue and/or diagnosis Reglan had been prescribed. On April 22, 2015, the applicant again reported ongoing complaints of neck and bilateral shoulder pain. The applicant was using Percocet four times a day, Reglan once or twice a day, Effexor twice a day, Lunesta nightly, Plaquenil, prednisone, methotrexate, Celebrex, Lidoderm patches, Colace, and Prilosec, it was reported. Multiple medications were renewed, including Reglan. Once again, it was not stated for what diagnosis Reglan had been endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reglan 10 mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration.

Decision rationale: No, the request for Reglan was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not clearly state for what issue, diagnosis, and/or purpose Reglan had been employed and/or whether or not Reglan had proven effective for whatever role it had been selected. While the Food and Drug Administration (FDA) acknowledges that Reglan is indicated in the short-term treatment of symptomatic gastroesophageal reflux in patients who fail to respond to conventional therapy and/or in the treatment of diabetic gastroparesis, here, however, the attending provider did not clearly articulate for what issue and/or purpose Reglan had been employed. The FDA further noted that therapeutic Reglan for longer than 12 weeks should be avoided, citing a risk of tardive dyskinesia. Here, the attending provider's continued usage of Reglan for an unspecified purpose, in effect, amounted to a non-FDA labeled role for the same. Therefore, the request was not medically necessary.