

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0025802 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 02/28/2008 |
| Decision Date: | 01/28/2014 | UR Denial Date: | 08/27/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male who reported an injury on 02/28/2008 when he was working as a supervisor in [REDACTED] on an oil rig. The patient reportedly was helping to lift a floor when the elevators came down on his leg, completely amputating the lower leg. The original injury actually crushed the patient's lower leg below the knee on the left side. He subsequently underwent a left below-the-knee amputation. There was pain near the site of the amputation, as well as complaints of phantom pain in the left lower extremity. He described the pain as varying in intensity with it usually throbbing, and it was worse with standing and walking. The patient has utilized several oral medications to help control his pain, to include Ultram, Norco and Neurontin. The physician is now requesting prochlorperazine maleate 5 mg with a total of 90 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prochlorperazine Maleate 5 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Online Website on drugs

Decision rationale: The California MTUS and ACOEM as well as the Official Disability Guidelines do not address prochlorperazine maleate. Therefore, drugs.com, the online website, has been referred to in this case. Under drugs.com, it states that prochlorperazine is an antipsychotic medication in a group of drugs called phenothiazines. It works by changing the actions of chemicals in the brain. Prochlorperazine is used to treat psychotic disorders, such as schizophrenia. It is also used to treat anxiety and to control severe nausea and vomiting. It was noted in the documentation dated 08/09/2013 that the patient underwent esophagogastroduodenoscopy. The findings from this study noted a 2 cm hiatal hernia with previously noted esophageal ulcers that have healed and a diagnosis of mild gastritis. The patient has a history of multiple esophageal ulcers and a hiatal hernia and has been complaining of dysphagia with a lot of heartburn and acid reflux. The patient's most recent clinical documentation is dated from 08/2013. Therefore, it is unknown what the patient's current medication regimen is at this time. With the medication prochlorperazine maleate being noted as having interactions with narcotics, without knowing what the patient is currently taking, the drug interactions may be unsafe for this patient to continue using if he is still utilizing narcotics. Therefore, based on the current available information, the medical necessity for this medication has not been established and is therefore non-certified.