

Case Number:	CM13-0047599		
Date Assigned:	12/27/2013	Date of Injury:	08/19/2003
Decision Date:	03/06/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice and is licensed to practice in Texas. 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 48-year-old injured worker who reported injury on 08/19/2003. The mechanism of injury was stated to be a cumulative trauma. The patient's pain level was noted to be 6/10 to 8/10 with medications and 10/10 without medications. The patient's diagnoses were noted to include chronic regional pain syndrome, right upper extremity; osteoarthritis of the hands; chronic pain, other; and right thoracic outlet syndrome. The request was made for a urine drug screen as well as prochlorperazine 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. Clinical documentation submitted for review failed to provide the patient had documented issues of abuse, addiction, or poor pain control. There was a lack of documentation

indicating the necessity for the requested service. The request for urine drug screen, quantity 1, is not medically necessary and appropriate.

Prochlorperazine 10mg QTY: 60.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation online source:
<http://www.drugs.com/mtm/prochlorperazine.html>.

Decision rationale: Per Drugs.com Prochlorperazine is an anti-psychotic medication in a group of drugs called phenothiazines and it is used to treat psychotic disorders such as schizophrenia. Clinical documentation submitted for review failed to provide the rationale for prescribing this medication. The request for Prochlorperazine 10 mg, quantity 60, is not medically necessary and appropriate.