MAXIMUS Federal Services

Case Number:	CM13-0057382		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2008
Decision Date:	04/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 applicant has filed a claim for a variety of medical and mental health issues, including below-the-knee amputation, peptic ulcer disease, anxiety disorder, hepatitis C, and chronic low back pain reportedly associated with an industrial injury of February 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; anxiolytic agent; below-the-knee amputation of the left leg; a prosthetic device; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 15, 2013, the claims administrator denied a request for prochlorperazine and diazepam. The applicant's attorney subsequently appealed. In a clinical progress note of August 21, 2013, the applicant presents with heightened stump pain. He is apparently trying to obtain a replacement prosthetic. He is having difficulty sleeping at night secondary to pain and anxiety. The prosthetic is mal-fitting. The applicant is given a Butrans patch. He is asked to employ antiemetic use alongside the Butrans patch. Desyrel is also endorsed. The applicant is placed off of work, on total temporary disability. The applicant is prescribed a replacement shower chair. An esophagogastroduodenoscopy (EGD) report of August 9, 2013 is notable for a 2-cm hiatal hernia, mild gastritis, and a normal duodenum.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROCHLORPERAZINE: 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 FOOD AND DRUG ADMINISTRATION, DRUG LIST, PROCHLORPERAZINE TOPIC

Decision rationale: As noted by the Food and Drug Administration (FDA), indications for prochlorperazine or Compazine include the short-term treatment of generalized non-psychotic anxiety, schizophrenia, and control of severe nausea and vomiting. Compazine is not, per the Food and Drug Administration, indicated in the treatment of opioid-induced nausea or nausea caused by Butrans patches. Therefore, the request is not certified, due to the unfavorable FDA drug access sheet.

DIAZEPAM 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines, such as Ativan are not recommended for chronic, sustained, or long-term use purposes, for the treatment of anxiety, depression, anxiolytic effect, or muscle spasm. In this case, the applicant has failed to achieve any lasting benefit or functional improvement despite ongoing usage of the benzodiazepine anxiolytic in question. The applicant remains off of work, on total temporary disability, implying that ongoing usage of diazepam (Valium) has been unsuccessful. Therefore, the request is not certified, for all of the stated reasons.