

Case Number:	CM14-0158345		
Date Assigned:	10/01/2014	Date of Injury:	04/15/1998
Decision Date:	10/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 57-year-old female with an injury date of 04/15/1998. According to the 08/19/2014 progress report, the injured worker complains of having neck pain which she rates as a 10/10 without medications and a 7-8/10 with medications. She continues to have numbness in her bilateral upper extremities. She also has lower back pain which she rates as a 10/10 without medications and an 8-9/10 with medications. She has numbness in the right foot. The 08/25/2014 report indicates that the injured worker's neck pain radiates into the bilateral trapezius to the mid scapular region, and radiates down the right greater than left arm through the elbow to the hand. In regards to her lower back pain, the injured worker has pain and numbness radiating down the posterior thigh to the knee and through the shin and calf into the feet. In regards to the cervical spine and upper extremities, there is evidence of tenderness over the left cervical paraspinal muscles, over the left trapezius, and over the left interscapular space. The injured worker has restricted sensation over the right C4-T1 dermatome distributions. The 08/20/2014 MRI of the cervical spine revealed the following: 1. C5-C6 broad-based disk herniation which abuts the spinal cord without signal changes, which causes moderate right and mild foraminal stenosis. 2. Loss of CSF ring around the spinal cord. 3. Tiny disk bulge at C6-C7 without stenosis. 4. C6-C7, there is a left-sided disk displacement causing moderate left foraminal stenosis. The injured worker's diagnoses include the following: 1) Right cubital tunnel syndrome. 2) Right C5 radiculopathy, confirmed by EMG. 3) Pseudoarthrosis posteriorly, at L4-S1 levels. 4) Degenerative disk disease, L4-S1. 5) Bilateral lumbar radiculopathy. 6) Status post lumbar fusion. 7) Bilateral sacroiliac joint dysfunction. 8) Residual bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release. The utilization review determination being

challenged is dated 09/17/2014. Three treatment reports were provided from 06/02/2014, 08/19/2014, and 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Compazine 10mg #30: 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 (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Pain Chapter, for Antiemetics

Decision rationale: According to the 08/25/2014 progress report, the injured worker complains of having neck pain and of lower back pain. The request is for 1 prescription for Compazine 10 mg #30. The MTUS and ACOEM Guidelines do not discuss Compazine. However, ODG Guidelines has the following regarding antiemetic, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA-approved indications. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic nonmalignant pain patients." Due to lack of support, the request for Prescription for Compazine 10mg #30 is not medically necessary.