

Case Number:	CM14-0169631		
Date Assigned:	10/17/2014	Date of Injury:	04/20/1984
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 28, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; earlier thoracic spine surgery; transfer of care to and from various providers in various specialties; opioid therapy; and anxiolytic medications. In a Utilization Review Report dated September 18, 2014, the claims administrator failed to approve requests for Compazine and Percocet. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant was described as four months removed from the date of surgery. The applicant was apparently using a variety of medications, including OxyContin and Zanaflex, it was suggested. The applicant had formerly used Valium, it was noted. The applicant was still having ongoing complaints of pain. The applicant was reportedly neurologically intact. The applicant's work status was not furnished. In an August 27, 2014 progress note, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery. The applicant was still using OxyContin four tablets a day and was using Percocet on an as needed basis for breakthrough pain. The applicant was asked to begin physical therapy and was asked to try weaning out of the brace. On July 1, 2014, the applicant was described as six weeks status post lumbar spine surgery. The applicant was reportedly using OxyContin without using Percocet for breakthrough pain. The applicant was given refill of OxyContin along with limited supply of Percocet to use as needed. On May 26, 2014, the applicant underwent a left thoracotomy, resection of the eight ribs, and exposure of T7-T8, T8-T9, and T9-T10 to ameliorate a preoperative diagnosis of questionable pseudoarthrosis following earlier thoracic fusion surgery. In a May 19, 2014 progress note, the applicant was described as a retired firefighter.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Compazine 10 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearing house, Practice Guidelines for Postanesthetic Care

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Compazine Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Compazine usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider employing a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Compazine is indicated to control severe nausea and vomiting in the treatment of schizophrenia and in the short-term treatment of generalized non-psychotic anxiety. In this case, however, the attending provider did not clearly state for what purpose Compazine was being employed. The attending provider's progress notes, referenced above, contained no reference to issues associated with severe nausea and/or vomiting. The applicant was several months removed from the date of earlier spine surgery on May 22, 2014 as of the date of the Utilization Review Report, September 18, 2014. It could not be reasonably inferred or extrapolated that the applicant was using Compazine for postoperative nausea issues, for instance. Therefore, the request is not medically necessary.

Unknown prescription for Percocet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach Page(s): 7.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should "tailor medications and dosages" to the specific applicant taking into consideration applicant-specific variables such as comorbidities, other medications, and allergies. The attending provider should, moreover, be "knowledgeable" regarding prescribing information and adjust the dosing to the individual applicant. In this case, however, the attending provider did not state how much Percocet was being supplied. The attending provider did not state what dosage of Percocet was being furnished. The request, as written, does not conform to MTUS principles and parameters. Therefore, the request is not medically necessary.

