

Case Number:	CM14-0050308		
Date Assigned:	06/25/2014	Date of Injury:	11/03/1993
Decision Date:	08/07/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 and is licensed to practice in Minnesota. 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 72-year-old male who reported an injury 11/02/1993. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments included a cane for assistance, self-directed exercise, and pain medications. The injured worker's diagnoses were noted to be multilevel degenerative disc disease and facet arthropathy status post anterior cervical discectomy and fusion with chronic neck pain; gait abnormality with impaired balance; thoracic outlet syndrome; depression; and gastroesophageal reflux. The injured worker had a clinical evaluation on 01/23/2014. The injured worker reported that his conditions were persistent. He reported that he joined a fitness center in his hometown and is doing self-directed exercise and taking pain medication. The objective note included cervical and lumbar range of motion unchanged from previous examination. Upper extremity motion was impaired in the injured worker's shoulder, particularly on abduction. Gait was mildly impaired with balance requiring a quad cane for assistance. The treatment plan was to refill medications and injured worker follow-up for further therapeutic interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compazine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics.

Decision rationale: The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Antiemetics are recommended for acute use for nausea and vomiting secondary to chemotherapy and radiation treatment. Antiemetics are also approved for postoperative use as well as for gastroenteritis. The injured worker had a clinical evaluation on 01/23/2014. Within the clinical evaluation, the injured worker does not have symptoms to meet the criteria for antiemetics according to the guidelines. In addition, the request for Compazine 10 mg orally twice a day as needed is unclear for dosing frequency. Therefore, the request for Compazine 10mg #60 is not medically necessary and appropriate.

Compazine Suppository 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anitemetics.

Decision rationale: The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Antiemetics are recommended for acute use for nausea and vomiting secondary to chemotherapy and radiation treatment. Antiemetics are also approved for postoperative use as well as for gastroenteritis. The injured worker had a clinical evaluation on 01/23/2014. Within the clinical evaluation, the injured worker does not have symptoms to meet the criteria for antiemetics according to the guidelines. Therefore, the request for Compazine Suppository 25mg #30 is not medically necessary and appropriate.