

Case Number:	CM14-0116517		
Date Assigned:	08/04/2014	Date of Injury:	12/14/2004
Decision Date:	01/26/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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 Emergency Medicine 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 52 year-old female, who sustained an injury on December 14, 2004. The mechanism of injury is not noted. Treatments have included: lumbar fusion, hardware removal, physical therapy, medications. The current diagnoses are: lumbago, s/p lumbar fusion with hardware removal. The stated purpose of the request for 1 Compazine 10 mg one table by mouth daily, quantity 30, refills: was to treat nausea and vomiting. The request for 1 Compazine 10 Mg one table by mouth daily, quantity 30, refills: was denied on June 30, 2014, citing a lack of documentation of GI distress. Per the report dated April 18, 2014, the treating physician noted complaints of low back pain with radiation to the buttocks, as well as abdominal pain, nausea, diarrhea. Exam shows positive straight leg raising tests bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 COMPAZINE 10 MG ONE TABLE BY MOUTH DAILY, QUANTITY 30, REFILLS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daily Med Internet Publication

Decision rationale: The requested 1 COMPAZINE 10 MG ONE TABLE BY MOUTH DAILY, QUANTITY 30, REFILLS:, is not medically necessary. CA MTUS and ODG are silent and Daily Med Internet Publications recommend this medication for the treatment of nausea and vomiting. The injured worker has radicular low back pain. The treating physician has documented positive straight leg raising tests. The treating physician has not documented detailed descriptions of GI distress symptoms, functional improvement from previous use, nor the medical etiology of any GI symptoms. The criteria noted above not having been met, 1 COMPAZINE 10 MG ONE TABLE BY MOUTH DAILY, QUANTITY 30, REFILLS: is not medically necessary.