

<b>Case Number:</b>	CM14-0201521		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal 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 injured worker (IW) is a 53-year-old woman with a date of injury of January 8, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post posterior lumbar interbody fusion; status post left knee arthroscopy surgery with anterior cruciate ligament (ACL) reconstruction September 27, 2012; thoracic spine strain/sprain; anxiety and depression; insomnia; and gastritis. Pursuant to the progress note dated October 20, 2014, the IW present for follow-up status post spinal fusion. The IW reports drainage from the lumbar posterior fusion incision site. Examination reveals incision site is mildly inflamed. The injured worker's temperature is 97.4 degrees. According to the documentation, the IW was instructed to go to the emergency room for admission to the hospital. The IW was admitted to the hospital on October 21, 2014 for antibiotic therapy, and I&D of post-op laminectomy wound. On date of service October 20, 2014, prior to admission, the treating physician prescribed Percocet 10/325mg #120, and Compazine 5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120 (Rx 10/20/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post posterior lumbar interbody fusion; status post left knee arthroscopic surgery with ACL reconstruction September 27, 2012; thoracic spine sprain/strain; anxiety and depression; insomnia; and symptoms of gastritis. The documentation does not contain clinical evidence of objective functional improvement. Additionally, the documentation does not contain accurate medication lists in the progress notes dated August 4, 2014 and September 8, 2014. The June 2014 progress note indicates the treating physician prescribed Ultram. In an October 20, 2014 progress note the treating physician documented "can refill Percocet". It is unclear whether the injured worker was taking Percocet during the month of September and possibly August 2014. However, the documentation does not contain any detailed pain assessments for documentation of objective functional improvement as it relates to opiate use. Pursuant to the progress note dated October 20, 2014, the IW present for follow-up status post spinal fusion. The IW reports drainage from the lumbar posterior fusion incision site. Examination reveals incision site is mildly inflamed. The injured worker's temperature is 97.4 degrees. According to the documentation, the IW was instructed to go to the emergency room for admission to the hospital. The IW was admitted to the hospital on October 21, 2014 for antibiotic therapy, and I&D of post-op laminectomy wound. On date of service October 20, 2014, prior to admission, the treating physician prescribed Percocet 10/325mg #120, and Compazine 5mg #60. The injured worker was prescribed Percocet the day prior to hospitalization. The documentation does not state what medications were prescribed upon discharge from the hospital. Consequently, absent the appropriate clinical documentation with objective functional improvement and documentation of medications on serial progress notes and the hospital stay with no documentation of discharge medications, Percocet 10/325 mg #120 (Rx 10/20/14) is not medically necessary.

**Compazine 5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/compazine.html>

**Decision rationale:** Per drugs.com, Prochlorperazine is an antipsychotic medication in a group of drugs called phenothiazines. The indications include, but are not limited to treatment of psychotic disorders, anxiety and to control severe nausea and vomiting. For additional details see attached link. In this case, the injured worker's working diagnoses are status post posterior

lumbar interbody fusion; status post left knee arthroscopic surgery with ACL reconstruction September 27, 2012; thoracic spine sprain/strain; anxiety and depression; insomnia; and symptoms of gastritis. The documentation does not contain evidence of nausea or vomiting. The injured worker has no manifestations of a psychotic illness. Consequently, absent the appropriate clinical indication or clinical rationale to support the use of Compazine, Compazine 5mg #60 is not medically necessary.