

Case Number:	CM15-0100714		
Date Assigned:	06/03/2015	Date of Injury:	10/16/1998
Decision Date:	07/01/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 69 year old male, who sustained an industrial injury on 10/16/98. He reported initial complaints of neck and headache pain. The injured worker was diagnosed as having cervical disc displacement without myelopathy; neck pain; cervical postlaminectomy syndrome; cervicocranial syndrome. Treatment to date has included status post Anterior Cervical Disc Fusion C4-C6 (6/1999); status post Posterior Foraminotomy (2001); status post medial branch nerve blocks C3-C4 (positive) (11/2007); status post cervical radiofrequency ablation bilateral C3-C4 (9/2008); Functional Restoration Program-6 weeks (2011); urine drug screening; medications. Diagnostics included CT scan cervical spine (12/16/08). Currently, the PR-2 notes dated 4/14/15 indicated the injured worker complains of an increase in his pain to an intolerable level. He did see another provider as a neurologic consultation who opines that the pain is cervicogenic and may benefit from cervical radiofrequency ablation (RFA). However, the injured worker states the cervical RFA performed years ago was not effective. He indicates the pain is not a new phenomenon and the problem is associated with his multi-level cervical fusion performed years ago. He has learned to live with the pain but he cannot tolerate the pain level at this time. A current medication is noted as Percocet 3 times a day as prescribed along with Baclofen 20mg one as needed for spasms, Buprenorphine Hcl sublingual 2mg twice a day; Compro 25mg suppository PRN 1 a day; Lactulose daily; Lyrica 50mg; Klonopin 1mg daily; Ambien 5mg at bedtime; Aspirin 3225mg 1 daily; Lamotrigine 200mg once daily and Norco 10/3252mg 1 three times a day. Examination of the neck shows painful range of motion starting at flexion 10 degrees and extension 20 degrees. The muscle tone of the trapezius is increased

with palpable tenderness. The CT scan of the cervical spine dated 12/16/08 is documented in these notes with an impression of status post anterior cervical fusion C3- C4, C5 and C6 vertebral bodies with associated solid bony fusion. There are questionable surgical changes involving the posterior elements at the right C4-5 level. Decreased disc height is noted at the C6- 7 and C7-T1 levels without evidence for disc bulges or protrusions. A 3cm mass with an apparent enhancing rim is seen within the subcutaneous fat of the left neck of unclear etiology. The provider's treatment plan indicates the injured worker continues to have neck pain and severe headaches. He is going to trial Topamax 25mg at bedtime and increase to 2 tabs daily if tolerated. He is discontinuing the Baclofen, Buprenorphine and Lyrica. He is requesting at this time Compro 25mg #10 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compro 25mg #10 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/8037389.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Prochlorperazine.

Decision rationale: This claimant was injured back in the year 1998 and had neck and headache pain. He has had cervical spine surgery, injections, and medicine. There is severe neck pain and headaches. There is no mention of severe nausea or vomiting, which is what this medicine is intended for, or failure of trials of other anti-nausea medicines. It is not clear if this is an oral or rectal administration. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. This is prochlorperazine. It is a medicine used for severe nausea and vomiting, per the PDR. There is no mention of severe nausea or vomiting, which is what this medicine is intended for, or failure of trials of other anti-nausea medicines. It is not clear if this is an oral or rectal administration. The request is not medically necessary.