

Case Number:	CM15-0168299		
Date Assigned:	09/09/2015	Date of Injury:	10/09/2008
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/26/2015

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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of October 9, 2008. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for Compazine and cyclobenzaprine. The claims administrator referenced a July 30, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On said July 30, 2015 progress note, the applicant reported ongoing complaints of neck pain radiating to bilateral upper extremities and ancillary complaints of low back pain radiating to the left low lower extremity was reported. The applicant had undergone cervical spine surgery on February 7, 2015, it was reported. The applicant also received lumbar epidural steroid injection therapy. The applicant had developed derivative complaints of depression, it was acknowledged. The note was quite difficult to follow and mingled historical issues with current issues. Ambien, Fioricet, Xanax, Paxil, Compazine, Flexeril, Norco, and Neurontin were endorsed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for Cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is deemed not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Neurontin, Xanax, Fioricet, Ambien, etc. The addition of Cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that 90-table supply of Cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Compazine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Antiemetics (for opioid nausea).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines U.S. Food and Drug Administration PRESCRIBING INFORMATION 3 COMPAZINE® 4 brand of 5 prochlorperazine 6 antiemetic antipsychotic tranquilizer 45 INDICATIONS 46 For control of severe nausea and vomiting. 47 For the treatment of schizophrenia. 48 Compazine (prochlorperazine) is effective for the short-term treatment of generalized 49 non-psychotic anxieties. However, Compazine is not the first drug to be used in therapy for most 50 patients with non-psychotic anxiety, because certain risks associated with its use are not shared 51 by common alternative treatments (e.g., benzodiazepines). 52 When used in the treatment of non-psychotic anxiety, Compazine should not be administered at 53 doses of more than 20 mg per day or for longer than 12 weeks, because the use of Compazine at 54 higher doses or for longer intervals may cause persistent tardive dyskinesia that may prove 55 irreversible (see WARNINGS).

Decision rationale: Similarly, the request for Compazine was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same, and should furthermore, furnish a compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Compazine is indicated in the treatment of severe nausea and vomiting, schizophrenia, and/or in the short-term treatment of generalized non-psychotic anxiety. The FDA argues against the long-term usage of Compazine for longer than

12 weeks, noting that the usage of the same has been associated with persistent, potentially irreversible tardive dyskinesia. The request in question seemingly represented a renewal or extension request for Compazine and seemingly represented extension of Compazine usage beyond the 12-week limit on Compazine usage established via the FDA label. In a similar vein, ODGs Chronic Pain Chapter Antiemetics topic also notes that antiemetics such as Compazine are not recommended in the treatment of nausea and vomiting associated with chronic opioid usage. Here, thus, the 60-tablet renewal request for Compazine, thus, treatment in excess of the FDA label and treatment which ran counter to the ODG position on the same. Therefore, the request was not medically necessary.