

Case Number:	CM15-0197527		
Date Assigned:	10/13/2015	Date of Injury:	12/12/2007
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/07/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on 12-12-2007. A review of the medical records indicates that the injured worker is undergoing treatment for gastritis, moderate to severe osteoarthritis of the left knee, right knee osteoarthritis, right knee pain, and distant history of left knee arthroscopic debridement with residual. On 9-16-2015, the injured worker reported abdominal pain and nausea. On 8-27-2015, the injured worker reported bilateral knee pain, left worse than right. The Primary Treating Physician's report dated 9-16-2015, physical examination was noted to show abdominal tenderness. The treatment plan was noted to include the addition of Tylenol and Compazine. The Treating Physician's report dated 8-27-2015, noted "essentially no new findings on a MRI" dated 1-7-2015 of the left knee, with the injured worker continuing to have feelings of catching and locking in her knees consistent with osteoarthritis. The injured worker was noted to be in significant pain with a corticosteroid injections administered to her left knee. The injured worker's work status was noted to be to remain off work. The request for authorization dated 9-17-2015, requested Tylenol 500mg #100 with 3 refills and Compazine 10mg #60 with 3 refills. The Utilization Review (UR) dated 9-28-2015, modified the request for Tylenol 500mg #100 with 3 refills to certification of Tylenol 500mg #100 with 2 refills, non-certifying the remaining Tylenol 500mg #100 and non-certified the request for Compazine 10mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 500mg #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Acetaminophen.

Decision rationale: According to the 9/16/2015 progress note the plan was "Add Tylenol 500mg, #100, one every 12 hours for pain. Refills x 3. Add Compazine 10mg #60, one every 8 hours for nausea. Refills x 3. The only diagnosis listed was gastritis. The only statement in the subjective complaints component was "abdominal pain and nausea". The only objective finding was "abdominal tenderness." According to the MTUS acetaminophen (Tylenol) is recommended for treatment of chronic pain and acute exacerbations of chronic pain. According to the ODG, acetaminophen is recommended for treatment of acute pain, chronic pain and acute exacerbations of chronic pain and is recommended as the initial choice for treatment of acute pain. In this case, Tylenol is being prescribed for acute pain. While a short-term prescription may be appropriate, the request for 3 refills would not be medically necessary. The record does not substantiate the gastritis as a source of chronic pain.

Compazine 10mg #60 with 3 refills: 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 Chapter.

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

Decision rationale: According to the 9/16/2015 progress note the plan was "Add Tylenol 500mg, #100, one every 12 hours for pain. Refills x 3. Add Compazine 10mg #60, one every 8 hours for nausea. Refills x 3. The only diagnosis listed was gastritis. The only statement in the subjective complaints component was "abdominal pain and nausea". The only objective finding was "abdominal tenderness." Compazine is an antiemetic. Neither the MTUS nor the ODG specifically discuss Compazine but the ODG does discuss a similar antiemetic, Promethazine and states it is recommended as a sedative and antiemetic in pre-operative and post-operative situations. While the short-term use of antiemetic associated with gastritis may be indicated, the long-term use requiring 3 refills is not medically necessary.