

Case Number:	CM15-0208129		
Date Assigned:	10/27/2015	Date of Injury:	04/11/1992
Decision Date:	12/14/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/22/2015

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, Illinois

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:

This 54 year old female sustained an industrial injury on 11-19-92. Documentation indicated that the injured worker was receiving treatment for ongoing neck pain with headaches, and severe nausea and vomiting associated with the headaches. Recent treatment consisted of injections, physical therapy and medications. In a follow up visit dated 3-5-15, the injured worker reported that her neck pain with dysesthesias to the right index finger had been getting worse. The injured worker reported that her jaw had dislocated six weeks ago with subsequent ongoing jaw pain. In a follow-up visit dated 9-22-15, the injured worker complained of ongoing headaches. The injured worker had completed 11 out of 12 physical therapy sessions but the last one was put off due to a severe headache, nausea and vomiting. The injured worker reported that Zofran did not help. The injured worker had received three injections of Imitrex in the last month. Physical exam was remarkable for increase in dorsal kyphosis with indurated left levator scapula. The treatment plan included a prescription for Compazine suppositories to use for severe nausea and vomiting. On 10-6-15, Utilization Review modified a request for Compazine suppositories 25mg #12 with four refills to Compazine suppositories 25mg #12 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compazine suppositories 25 mg #12 use per vomiting with 4 refills Qty: 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, prochlorperazine (Rx), <http://reference.medscape.com/drug/compazine-spansules-prochlorperazine-342055#5>.

Decision rationale: The injured worker sustained a work related injury on 11-19-92. The medical records provided indicate the diagnosis of ongoing neck pain with headaches, and severe nausea and vomiting associated with the headaches. Recent treatment consisted of injections, physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Compazine suppositories 25 mg #12 use per vomiting with 4 refills Qty: 60. The MTUS and the Official Disability Guidelines are silent on this medication. However, Medscape identified it as prochlorperazine, an antipsychotic that is also used in the treatment of nausea and vomiting. Medscape recommends monitoring for monitor muscle rigidity, mental status changes, fever, autonomic instability due to the risk of neuroleptic malignant syndrome. The request is not medically necessary.