

Case Number:	CM15-0034978		
Date Assigned:	03/23/2015	Date of Injury:	01/31/2002
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/24/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old female who sustained an industrial injury on 01/31/2002 resulting in bilateral knee strain. Treatment to date includes total knee replacements bilaterally, psychiatrist visits, aqua therapy and medications. She presents on 01/22/2015 with complaints of pain in bilateral knees and right hip. She describes the pain as constant. The pain is made better with medication and use of TENS unit. She provides adequate analgesia with self-care and acupuncture sessions. Physical exam revealed antalgic gait and ambulation with a cane. There was tenderness to palpation of the bilateral paravertebral musculature with decreased range of motions in all directions. Last urine drug screen was documented as ordered on 07/28/2014 and was appropriate. Diagnosis was knee pain and low back syndrome. The plan of treatment included refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compazone 10mg, #60 with 2 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.

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

Decision rationale: Pursuant to drugs.com, Compazine 10 mg #60 with two refills is not medically necessary. Compazine is an antipsychotic medication in a group of drugs called phenothiazines. It is used to treat psychotic disorders such as schizophrenia, anxiety and control severe nausea and vomiting. In this case, the injured workers working diagnoses are knee pain; and low back syndrome. The date of injury is January 31, 2002. The injured worker had bilateral total knee replacements. The injured worker was under the care of a psychiatrist and takes Cymbalta, Abilify, Lunesta, and clonazepam. The treating physician prescribes Norco, Butrans, Compazine and Requip. Compazine was first prescribed April 12, 2011. Progress notes reference Compazine for nausea and nausea and vomiting. There is no specific indication in the medical record for Compazine. There was no nausea and vomiting in the subjective section of the progress notes. Utilization review indicates Compazine was used for nausea and vomiting secondary to opiates. There was no documentation indicating objective functional improvement with ongoing Compazine since April 12, 2011. Additionally, the injured worker was already under the care of a psychiatrist and was receiving an antipsychotic Abilify and antidepressants Cymbalta and benzodiazepines clonazepam and Lunesta for sleep. Consequently, absent clinical documentation with objective functional improvement, clinical facts with nausea and vomiting, a clinical indication and rationale enumerated by the treating physician, Compazine 10 mg #60 with two refills is not medically necessary.

Requip 1mg, #60 with 2 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/requip.html>.

Decision rationale: Pursuant to drugs.com, Requip 1 mg #60 with two refills is not medically necessary. Requip is used to treat symptoms of Parkinson's disease (stiffness, tremors, muscle spasms and poor muscle control). This medicine is also used to treat restless legs syndrome. For additional details see the attached link. In this case, the injured worker's working diagnoses are knee pain; and low back syndrome. The date of injury is January 31, 2002. The injured worker had bilateral total knee replacements. The injured worker was under the care of a psychiatrist and takes Cymbalta, Abilify, Lunesta, and clonazepam. The treating physician prescribes Norco, Butrans, Compazine and Requip. Requip was first prescribed February 11, 2014 at a dose of Requip 0.25 mg. There is no clinical indication or clinical rationale and the medical record referencing its use. The Requip is indicated for Parkinson's disease and restless leg syndrome. Neither of these diagnoses or symptoms of these diagnoses appear in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale for Requip use, Requip 1 mg #60 with 2 refills is not medically necessary.

