MAXIMUS Federal Services

Case Number:	CM15-0044874		
Date Assigned:	03/16/2015	Date of Injury:	10/01/2003
Decision Date:	04/14/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 39 year old patient with date of injury of 10/01/2003. Medical records indicate the patient is undergoing treatment for occipital neuropathy, musculotendinoligamentous injury cervical spine, disc bulging cervical spine, radiculopathy cervical spine, depression and anxiety, chronic pain, psoriasis, internal derangement of knee, patellofemoral syndrome, disc bulging lumbar spine, lumbar facet arthropathy, lumbar radiculopathy, sacroiliac dysfunction, insomnia, medial meniscus tear, tendioligamentous injury of knee, sprain/strain sacroiliac ligament, musculotendinoligamentous psrain/strain lumbar spine and optic nerve injury. Subjective complaints include neck, lower back, bilateral knee, right eye and head pain, rated 5-9/10. Objective findings include use of walker, unable to squat, C2-S2 sensory examination intact bilaterally with exception of reduced L4 and right C8 sensation, reduced cervical range of motion, right shoulder extension, left shoulder abduction and bilateral thoracic spine rotation. Treatment has consisted of Fexmind, Oxycodone, Belladonna-phenobarbital, Claritin, Lyrica, Medical Marijuana, Omeprazole, Proair, Prochlorparazine and Sertraline. The utilization review determination was rendered on 02/27/2015 recommending non-certification of Prescription of Klonopin 0.5mg, #60 and Prescription of Compazine 5mg, #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Klonopin 0.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain, Benzodiazepines.

Decision rationale: Klonopin is the brand name version of clonazepam. MTUS and ODG states that benzodiazepine (ie clonazepam) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states that clonazepam is "Not recommended." The guidelines do not recommend long-term use of benzodiazepines and state that use is limited to four weeks. Medical documentation indicates this patient has been on Klonopin since at least 06/2012, guidelines do not support long term use of benzodiazepines due to tolerance and dependence and long term efficacy is not proven. As such, the request for Prescription of Klonopin 0.5mg, #60 is not medically necessary.

Prescription of Compazine 5mg, #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 National Collaborating Centre for Nursing and Supportive Care. Irritable bowel syndrome in adults. Diagnosis and management of irritable bowel syndrome in primary care. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. 27 p. (Clinical guideline: no. 61).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines https://online.epocrates.com, Compazine (prochlorperazine maleate) and Irritable bowel Syndrome.

Decision rationale: Comapazine is the brand name version of prochlorperazine, which is an anti-nausea medication. MTUS is silent specifically regarding prochlorperazine, so other guidelines were utilized. ODG states regarding anitimetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies

of these symptoms should be evaluated." Epocrates states that Comapzine is FDA approved for the treatment of nausea/vomiting, anxiety, and schizophrenia. Medical records indicate that the Compazine is being used to treat irritable bowel syndrome. The treating physician has not provided documentation of a trial and failure of first line therapies such as life style modifications, dietary modifications, cognitive behavioral therapy, SSRIs, SNRIs, or TCAs. This is an off label use of the medication and without documentation of failure of first line treatments, Compazine is not medically necessary. As such, the request for Prescription of Compazine 5mg, #60 with 3 refills is not medically necessary.