

Case Number:	CM15-0055025		
Date Assigned:	03/30/2015	Date of Injury:	08/26/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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:

The injured worker is a 39 year old male, who sustained an industrial injury on August 26, 2011. He has reported neck pain, lower back pain, and right leg pain. Diagnoses have included intervertebral disc disorder, chronic regional pain syndrome, neck pain radiating to the arm, bilateral shoulder pain, right wrist and hand pain, insomnia, and hypertension. Treatment to date has included medications, psychotherapy, use of a wheel chair, right hip surgery, injections, functional restorative program, and imaging studies. A progress note dated February 23, 2015 indicates a chief complaint of neck pain, lower back pain, and right leg pain. The treating physician documented a plan of care that included continuation of medications, cardiology and gastroenterology consultations, exercise, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compazine 5mg #90 with two (2) refills for the right hip/leg and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation

WebMDCompazine - <http://www.webmd.com/drugs/2/drug-3672/compazine-oral/details/list-conditions>.

Decision rationale: The injured worker sustained a work related injury on Compazine 5mg #90 with two (2) refills for the right hip/leg and lumbar spine. The medical records provided indicate the diagnosis of intervertebral disc disorder, chronic regional pain syndrome, neck pain radiating to the arm, bilateral shoulder pain, right wrist and hand pain, insomnia, and hypertension. Treatment to date has included medications, psychotherapy, use of a wheel chair, right hip surgery, injections, functional restorative program, and imaging studies. The medical records provided for review do not indicate a medical necessity for Compazine 5mg #90 with two (2) refills for the right hip/leg and lumbar spine. Compazine (Prochlorperazine maleate), is a drug that is used to treat schizophrenia, anxiety without psychosis, nausea and vomiting. The MTUS does not recommend the use of Compazine for treatment of chronic pain. Therefore, this request is not medically necessary.