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| Case Number: | CM15-0061166 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 04/11/2008 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/31/2015 |

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

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 (IW) is a 26-year-old female who sustained an industrial injury on 04/11/2008. Diagnoses include lumbar radiculopathy, chronic pain - other and coccydynia. Treatment to date has included medications, injections, coccygeal surgery and physical therapy. Diagnostics performed to date included electrodiagnostic testing, psychological testing and MRIs. According to the Pain Medicine Re-Evaluation dated 2/18/15, the IW reported neck pain that radiated down the right upper extremity; low back pain that radiated down the bilateral lower extremities; thoracic pain; right shoulder pain and bilateral hip and leg pain. Muscle spasms at L4-5 and paraspinal trigger points were present on exam. A request was made for Compazine 10mg; Gabapentin 600mg and APAP/Codeine Phosphate 300/60mg for chronic pain and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Compazine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Antiemetics (for opioid nausea).

Decision rationale: Prochlorperazine oral (Compazine) is used to treat psychotic disorders such as schizophrenia. It is also used to treat anxiety, and to control severe nausea and vomiting. The Official Disability Guidelines state that Compazine is not recommended for nausea and vomiting secondary to chronic opioid use and there is no documentation of schizophrenia. 60 tablets of Compazine 10mg is not medically necessary.

30 tablets of Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. 30 tablets of Gabapentin 600mg is not medically necessary.

120 tablets of APAP/Codeine Phosphate 300/60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 11.

Decision rationale: According to the MTUS, acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. There has been some discussion lately in regard to the dose of acetaminophen, but it is recommended by the MTUS for acute and chronic pain except in those with liver disease. There was no documentation of the patient having any functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. 120 tablets of APAP/Codeine Phosphate 300/60mg is not medically necessary.