

Case Number:	CM14-0023785		
Date Assigned:	06/16/2014	Date of Injury:	08/14/2004
Decision Date:	12/31/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old female with date of injury 08/14/04. The treating physician report dated 01/15/14 indicates that the patient presents with chronic neck pain with right upper extremity radiation and low back pain with right lower extremity radiation . The physical examination findings reveal tenderness at L4-S1 and limited lumbar range of motion. The patient rates her pain 7.5/10 with medication and 9.5/10 without medication. Prior treatment history includes TENS unit use, medications (including Norco, Ambien, Gabapentin, MS Contin, Naproxen, Omeprazole, and Robaxin), and lumbar epidural steroid infusion. The Lumbar MRI findings reveal L5-S1 has a 3-4 mm posterior protrusion/ extrusion. The current diagnoses are: 1. Lumbar radiculopathy2. Post laminectomy syndrome of the lumbar spine3. Failed lumbar spine surgery4. Insomnia5. Medication related dyspepsia.The utilization review reports dated 02/03/2014 denied the request for Prochlorper tab 10 mg, 30 day supply, QTY: 60 based on the guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prochlorper tab 10 mg, 30 day supply, QTY: 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines: Online Pain chapter for Antiemetics (for Opioid Nausea).

Decision rationale: The patient presents with chronic neck pain with right upper extremity radiation and low back pain with right lower extremity radiation. The current request is for Prochlorper (Prochlorperazine/Compazine) tab 10 mg, 30 day supply, QTY: 60. The ODG guidelines for antiemetics state "Not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. These side effects tend to diminished 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 remained prolonged, other etiologies of these symptoms should be evaluated for." On the treating physician's 09/12/2013 report it was stated that they informed the patient of such side effects and that the patient understood the concepts of taking opioids. In this case the treating physician has prescribed Prochlorperazine for the treatment of nausea which is not recommended by the ODG. Therefore, the medication is not medically necessary and appropriate.