

Case Number:	CM15-0001694		
Date Assigned:	01/12/2015	Date of Injury:	12/07/2012
Decision Date:	06/02/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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 is a 47 year old female, who sustained an industrial injury on 12/7/2012. She reported falling and injuring her neck, left elbow, left hand, low back, left leg and left knee. Diagnoses have included cephalgia, blunt head trauma with post-concussive syndrome, cervical sprain/strain, left elbow and wrist sprain/strain, lumbosacral myofascitis and lumbosacral sprain/strain. Comorbid conditions include obesity (BMI 35.7). Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 12/2/2014, the injured worker complained of neck pain and upper back pain radiating to her arms. She complained of left elbow and left wrist pain with numbness and tingling. She complained of low back pain radiating to the hips and legs. She also complained of left knee pain. The injured worker reported nausea. Physical exam of the cervical and lumbar spines revealed tenderness to palpation. Exam of the left elbow and wrist revealed tenderness to palpation. There was tenderness to palpation and joint effusion to the left knee. Authorization was requested for Prilosec and Compazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger/Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs). Since this patient is not complaining nor diagnosed with any symptoms of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, or Zollinger/Ellison syndrome and since there is no documentation of use of chronic NSAIDs the medical necessity for use of omeprazole has not been established and therefore the request is not medically necessary.

Compazine 10mg #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 FDA Prescribing Information: Compazine. http://www.accessdata.fda.gov/drugsatfda_docs/label/2005/010571s096lbl.pdf.

Decision rationale: Compazine (prochlorperazine) is a dopamine (D2) receptor antagonist that belongs to the phenothiazine class of antipsychotic agents and is indicated for use to control severe nausea and vomiting, to treat schizophrenia and for short-term treatment of generalized non-psychotic anxiety. There are no clinical practice guidelines that directs use of this therapy. In reviewing the recent medical notes for this patient, there were no complaints or diagnoses consistent with the indicated uses of this medication. Medical necessity for use of this medication has not been established and is therefore not medically necessary.