MAXIMUS Federal Services

Case Number:	CM15-0093652		
Date Assigned:	05/19/2015	Date of Injury:	12/01/1999
Decision Date:	06/19/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/14/2015

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 72-year-old female, with a reported date of injury of 12/01/1999. The diagnoses include cervical radiculopathy, lumbar radiculitis, chronic pain, chronic nausea, esophagitis, and non-steroidal anti-inflammatory drug intolerance. Treatments to date have included an MRI of the cervical spine, an MRI of the thoracic spine, oral medication, topical pain medications, and thoracic epidural steroid injection. The medical report dated 04/20/2015 indicates that the injured worker complained of neck pain with radiation down the bilateral upper extremities, thoracic back pain, and bilateral leg and feet pain. The pain was rated 8 out of 10 on average with medications since the last visit; and rated 10 out of 10 on average without medications since the last visit. The injured worker's pain was reported as unchanged since the last visit. She reported frequent, GERD (gastrointestinal reflux disease)-related gastrointestinal upset and frequent, severe nausea. The injured worker reported ongoing activity of daily living limitations due to pain. The pain relief from each medication dose lasts for 2-4 hours. The lease reported pain since the last assessment was 6-7 out of 10. The injured worker wished to continue the opioid treatment based on her decreased pain, increased level of function, and her improved quality of life. The physical examination showed tenderness in the cervical spine at C4-7, tenderness to palpation at the paravertebral C4-7 area, moderately limited cervical spine range of motion due to pain, pain significantly increased with flexion, extension, and rotation of the cervical and lumbar spines, tenderness in the bilateral thoracic paravertebral region, tenderness to palpation in the bilateral paravertebral area of the L4-S1 levels, moderately limited lumbar spine range of motion due to pain, no sensory exam changes since the last visit, and unchanged lower

extremity flexor and extensor strength from the prior exam. The treating physician requested POS/Prochlorperazine 10mg #30 and Lidocaine 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS/Prochlorperazine, 10mg, #30 with no refills (30-day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics and Other Medical Treatment Guidelines The American Academy of Family practice (www.aafp.org).

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines addresses this issue in relation to chronic opioid use and the long-term use of Compazine is not recommended. Other medical standard setting bodies do not recommend long-term nausea medication use without a reasonable evaluation for causation of the chronic nausea. The treating physician documents chronic nausea in this individual and is attempting to treat the symptom, but the records reviewed do not provide evidence of a reasonable evaluation for causation. Opioid use is not defined as the cause of the nausea and other common causes in the elderly such as Gastroparesis have not been evaluated. Under these circumstances, the symptomatic long-term treatment is not supported by guidelines and is not medically necessary.

Lidocaine Pad 5% #30 with no refills (30-day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Topical Analgesic lidocaine.

Decision rationale: MTUS Guidelines support a limited application of topical lidocaine for localized neuropathic pain. The ODG Guidelines have updated standards for the long-term use of topical lidocaine. These standards include periodic review of its use with updated objective documentation of ongoing pain relief and effects on function. The electronic medical records reprint the same narrative regarding the lidocaine, but there is no updated information obtained from this patient on its continued use and benefits. Under these circumstances and at this point in time the request is not supported by guidelines and is not medically necessary.