

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 6/28/2013  
Date of Injury: 6/10/1991  
IMR Application Received: 7/29/2013  
MAXIMUS Case Number: CM13-004017

- 1) MAXIMUS Federal Services, Inc. has determined the request for Compazine 10mg #60 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Compazine 10mg #60 **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

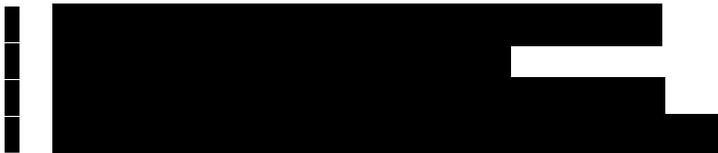
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

Claimant is a 69 year old male with a past medical history pertinent for chronic low back pain. Per the furnished medical records, there is evidence of objective physical exam abnormalities including antalgic gait, decreased lumbar spine range of motion, decreased lower extremity strength and tenderness of the lumbar spine. The claimant has been prescribed opioid pain medications for treatment of chronic low back pain and experiencing side effects of opioid induced constipation and emesis. Review is to determine if request for prescription Compazine 10 mg #60 is medically necessary and appropriate.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



- 1) **Regarding the request for Compazine 10mg #60:**  
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), General Approach to Initial Assessment and Documentation, Chapter 2, pg.23, which is part of the MTUS, and the Official Disability Guidelines (ODG), pain section – Antiemetics, which is not part of the MTUS.

Rationale for the Decision:

There is no indication that this employee suffered from chronic nausea/vomiting requiring the use of antiemetics such as Compazine. The only mention of nausea/vomiting was noted as a potential side effect of opiate pain medication given for treatment of this employee's low back pain. Rather than giving this employee an antiemetic, adjustment/modification of the employee's pain medication to a regimen with improved tolerability is indicated. **The request for Compazine 10mg #60 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH,  
Medical Director

cc:



/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.