

<b>Case Number:</b>	CM14-0024423		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 67-year-old male with a reported date of injury of 04/23/2003. The mechanism of injury was due to a trip and fall. His diagnoses were noted to include status post L5-S1 fusion, status post L4-S1 laminectomy, status post permanent spinal cord stimulator, L4-5 and L5-S1 foraminal stenosis, lumbosacral degenerative disc disease, lumbar spine spondylosis, multilevel mild central canal stenosis, grade I L5-S1 anterolisthesis, L5-S1 spondylosis, mild right shoulder glenohumeral joint degenerative changes, lumbar facet arthropathy, moderate diffuse degenerative changes to the thoracic spine, right shoulder acromioclavicular joint arthrosis, status post right elbow compression/contusion injury, status post right hip strain, right elbow lateral epicondylitis, and depression. His previous treatments were noted to include surgery and medications, aqua therapy, and a home exercise program. The progress note dated 01/16/2014 revealed the injured worker complained of low back pain and it was aggravated by increased activity levels. The injured worker revealed his medication regimen was providing him a medium amount of relief and improved activity levels most days. The injured worker reported the occasional nausea was relieved by Compazine. The physical examination revealed paravertebral spasms and generalized lower extremity weakness. His medications were noted to include MiraLAX, Compazine, finasteride, Norco, Opana ER, Wellbutrin SR, Cymbalta, lisinopril, Benefiber, simvastatin, and Vyvanse. The Request for Authorization Form was not submitted within the medical records. The request for Compazine 10 mg #15 is due to medicated-induced nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPАЗINE 10MG #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tipton JM, McDaniel RW, Barbour L, Johnson MP, Kayne M, LeRoy P, Ripple ML. Putting evidence into practice: evidence-based interventions to prevent, manage, and treat chemotherapy-induced nausea and vomiting. Clin J Oncol Nurs. 2007 Feb; 11 (1): 69-78.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetic (for opioid nausea).

**Decision rationale:** The request for Compazine 10 mg #15 is not medically necessary. The injured worker has been utilizing this medication since 2012. The Official Disability Guidelines do not recommend anti-emetics for nausea and vomiting secondary to chronic opioid use. The guidelines state nausea and vomiting are common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of anti-emetics in patients with cancer or those utilizing opioids for acute/postoperative therapy. The guidelines do not recommend Compazine for the use of opioid nausea. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.