

<b>Case Number:</b>	CM14-0025124		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/01/1999
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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, has a subspecialty in Pain 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 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:

This is a 65-year-old male with on 11/1/99 date of injury. On 2/25/14 progress report describes low back pain radiating to the left buttock into the foot. It is noted that the patient is prescribed immediate release morphine that makes him vomit, therefore, does not take it. He describes 9/10 pain. The patient is status post L4-5 microdiscectomy in 2000, L3-4 discectomy in 2011, L3-4 and L4-5 laminectomy/discectomy in 2013, and right shoulder surgery in 2012. Current medications for pain include Neurontin, soma, MSIR 15 mg one tablet p.o. t.i.d. The notes describe that the patient has failed hydrocodone, OxyContin, and Ultram. The Compazine is necessary for the patient to be able to take his prescribed MSIR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#90 COMPAZINE 10MG, THREE TIMES PER DAY AS NEEDED FOR NAUSEA  
SECONDARY TO INDUSTRIALLY-RELATED MEDICATIONS (DOS: 01/31/14):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 01/01/14).

**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 (for opioid nausea).

**Decision rationale:** There have been prior adverse determinations not only for Compazine, but also for Phenergan. The ODG guidelines state that antiemetics are not recommended for nausea and vomiting secondary to chronic opiate use however are recommended for acute use as noted per FDA approved indications. In the context of this appeal request, the Dr. has noted that the patient is not able to take MSIR secondary to emesis. The patient has a fairly extensive surgical history. The Dr. notes that the patient has tried and failed hydrocodone, OxyContin, and Ultram for pain. ODG guidelines state that if nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The patient describes 9/10 pain and cannot take pain medications. Given the letter of appeal and previously tried medications, it is recommended that the Compazine be certified however with the caveat that the etiology of the patient's nausea should be investigated. This is only for 90 tablets to allow such investigation. Therefore, the request is medically necessary.