

Case Number:	CM15-0160053		
Date Assigned:	08/26/2015	Date of Injury:	01/18/2015
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old female who sustained an industrial injury on 1-18-2015. She was kicked by a confused patient and fell backwards. She has reported injury to the lumbar spine and has been diagnosed with lumbar spine posterior disc bulges-protrusions noted at L3-L4 (2- 3mm), L4-L5 (4-5 mm), and L5-S1 (4 mm) with compromise of the existing nerve roots at these levels, bilaterally, per MRI scan dated 4-4-2015, herniated nucleus pulposus of the lumbar spine, and herniated nucleus pulposus of the cervical spine with radiculopathy. Treatment has included medications, acupuncture, medical imaging, and physical therapy. There was tenderness noted over the midline of the lower lumbar spine, as well as over the bilateral lumbar paraspinal musculature, where muscle spasms were noted. Active range of motion of the lumbar spine was decreased. There was increased lower back pain reported upon the extremes of both flexion and extension. The seated straight leg raise procedure was negative bilaterally. The treatment plan included acupuncture, Compazine, and follow up. The treatment request included Compazine 10 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compazine 10mg #30: 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, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antiemetics (for opioid nausea). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Compazine as well as other antiemetics "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005)." As per the above guidelines the use of antiemetics is not recommended for long term use in case of nausea induced by opioids. In addition, there is no documentation of recent nausea and vomiting. Therefore, the request for Compazine 10mg #30 is not medically necessary.