

Case Number:	CM15-0165025		
Date Assigned:	09/02/2015	Date of Injury:	04/19/1990
Decision Date:	10/06/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/21/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 57-year-old female who sustained an industrial injury on 4/19/90. Diagnoses have included bilateral complex regional pain syndrome (CRPS) of the lower extremities, failed back syndrome, bilateral shoulder pain, depression and bilateral lower leg infections. Records indicated that Compazine had been prescribed since at least 7/1/14 for nausea and vomiting. Complex medical history was documented with hospitalization from 1/4/15 to 1/10/15 for acute respiratory failure due to acute asthma exacerbation, Enterobacter urinary tract infection with sepsis, hyponatremia, hypokalemia, protein calorie malnutrition, chronic pain syndrome due to reflex sympathetic dystrophy, hypothyroidism, and hypertension. Records documented that the injured worker was recently hospitalized from 7/9/15 to 7/14/15 for urinary tract infection, gastritis, low potassium, hypovolemia, dehydration, and hypoxemia. She underwent gastrointestinal endoscopy on 7/10/15 which showed gastritis. She was readmitted on 7/14/15 for management of low blood pressure, significant pain, and other internal medicine related issues. She underwent intrathecal pump implantation on 7/16/15 and bilateral low leg wound debridement on 7/20/15. She was again discharged on 7/21/15. The 7/1/15 treating physician report cited loss of bowel and bladder control with progressive weakness. Physical exam documented bilateral lower extremity sensitivity with increased scaling since the last visit, as well as hypertrophic skin tags, patches, and bilateral infected leg wounds. She had undergone multiple lower extremity wound debridements since 2010 due to allodynia relative to complex regional pain syndrome. Current medications included Oxycontin, Lidoderm, Albuterol, Topamax, Prozac, Dilaudid, Lamictal, Robaxin and Compazine. Authorization was requested for

Compazine 10 mg #30. The 8/7/15 utilization review non-certified the request for Compazine 10 mg #30 as there was no guideline support for use of anti-emetics for nausea and vomiting secondary to opioid use, and there was no evidence of complaints of nausea or vomiting, or a diagnosis of schizophrenia which was an FDA approved use. The 8/4/15 treating physician appeal letter outlined the complex history of this injured worker's treatment and current management. He reported that the injured worker required Compazine on an as needed basis and was currently on a lower dose than previously prescribed. She required as needed medication for nausea and vomiting and Compazine was more cost effective than Zofran. He reported that he was slowly trying to wean the injured worker off of some medications and recommended that medications be stabilized to avoid hospitalization.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Compazine 10mg #30: Overturned

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 (Chronic) Antiemetics (for opioid nausea) (2015).

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

Decision rationale: The California MTUS guidelines do not provide recommendations for anti-emetics. The Official Disability Guidelines state that anti-emetics, like Compazine, are not recommended for nausea and vomiting secondary to chronic opioid use. Anti-emetics are recommended for acute use in the treatment of nausea and vomiting. This patient presents with bilateral lower extremity complex regional pain syndrome complicated by chronic infections, electrolyte imbalance, and gastritis. The treating physician indicates that this medication is being used on an as needed basis for intermittent nausea and vomiting, not for regular use. He requested continuation of this medication in an effort to stabilize medications and allow for physician-directed weaning. Given these indications, continuation of this medication is supported at this time. Therefore, this request is medically necessary.