

Case Number:	CM15-0193220		
Date Assigned:	10/07/2015	Date of Injury:	12/31/1998
Decision Date:	11/13/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	10/01/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 47 year old female who sustained an industrial injury on 12-31-1998. According to a progress report dated 08-15-2015, the injured worker still had low back pain. She had been in the Emergency Department 2-3 weeks prior due to a flare of her back pain. She reported mid to low back pain with pain radiating down her posterior legs to her ankles. She had increased numbness over the anterior aspect of the right leg. She had numbness in her feet. Without medications, her pain was rated 10 on a scale of 1-10. With medications, pain was rated 5 "barely tolerable". The provider noted that she had moderate L4-5 stenosis with evidence of L4 nerve root impingement on the right. She transferred with stiffness and guarding from sit to stand. She ambulated with a stiff antalgic gait with "significant" pain. She had 3-4 strength out of 5 in the lower extremity and decreased sensation to light touch less on right in the L4-5 nerve distribution. She was limited in range of motion in the back in all directions. She had tenderness along the spinous processes from the cervical to lumbar region and left gluteal region. Reflexes were 2 out of 4 at the knee and 0 out of 4 at the right ankle and 2 out of 4 at the left ankle. Diagnoses included lumbago, pain in thoracic spine and degenerative lumbar lumbosacral intervertebral disc. The treatment plan included Lyrica, Compazine for nausea, Roxicodone and request for authorization for a consult with named provider. Nucynta was discontinued. She was to remain off work until the next visit. An authorization request dated 08-20-2015 was submitted for review. The requested services included Lyrica, Compazine and a consult with named provider. Documentation from 2014 noted that the injured worker had nausea with use of Percocet that was controlled with anti-emetics. Documentation shows that the injured worker

had been prescribed Compazine for nausea in March 2015. On 08-29-2015, Utilization Review non-certified the request for Compazine 25 mg #60 and authorized the request for Lyrica 100 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compazine 25mg #60: 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) 2013 Online Version, Pain, Antiemetics (for opioid nausea).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Compazine 25 mg #60 is not medically necessary. Compazine is a phenothiazine type antiemetic. It is recommended as a sedative and antiemetic in preoperative and postoperative situations. Multiple central nervous system effects are noted including somnolence, confusion and sedation and tardive dyskinesia. In this case, the injured worker's working diagnoses are lumbago; pain thoracic spine; and degeneration lumbar/lumbosacral intervertebral disc. Date of injury is December 31, 1998. Request for authorization is August 21, 2015. According to an August 15, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the bilateral lower legs. Pain score is 5/10. Medications include Roxicodone. Objectively, the injured worker has an antalgic gait. Range of motion lumbar spine is decreased. There is tenderness to palpation in the paraspinal muscle groups in the cervical and lumbar spine. There are no subjective complaints of nausea in the medical record. Additionally, Compazine is not indicated for opiate induced nausea. There is no clinical indication or rationale for Compazine in the medical record. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no subjective nausea in the medical record, and no clinical indication or rationale for Compazine, Compazine 25 mg #60 is not medically necessary.