

Case Number:	CM15-0203123		
Date Assigned:	10/19/2015	Date of Injury:	08/24/2007
Decision Date:	12/07/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/15/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 8-24-2007. The injured worker is undergoing treatment for: lumbar disc displacement, lumbar radiculopathy, numbness paresthesia. On 7-15-15, she reported trying to wean herself off of nortriptyline as she felt it was ineffective. She reported back pain rated 7 out of 10 and leg pain rated 5 out of 10. Physical examination revealed tenderness in the right lumbar area, full range of motion of the thoracic and lumbar spines, normal stability, positive for pain and numbness in the right leg to her toes; decreased strength in the right leg. On 9-9-15, she reported MS Contin to be effective and indicated he caused nausea. She is reported as having had a previous prescription of prochlorperazine and indicated to have been effective for her for nausea. The treatment and diagnostic testing to date has included: medications, electrical stimulator, lumbar surgery (date unclear). Medications have included: Nortriptyline, norco, Prochlorperazine. Current work status: unclear. The request for authorization is for: prochlorperazine maleate 10mg, one tablet every 4-6 hours as needed for nausea quantity 30 with one refill. The UR dated 9-17-2015: non- certified the request for prochlorperazine maleate 10mg, one tablet every 4-6 hours as needed for nausea quantity 30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prochlorperazine maleate 10mg tabs #30 with 1 refill: 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 Official Disability Guidelines (ODG) Pain (antiemetics, Prochlorperazine).

Decision rationale: CA MTUS does not address the use of Prochlorperazine. Prochlorperazine is a phenothiazine used to treat severe nausea and vomiting. ODG states that antiemetics are not recommended for nausea and vomited secondary to opioid use. In this case, the patient complains of nausea with the use of MS Contin for chronic low back pain. Weaning the patient off the MS Contin and using a non-opioid for her pain should resolve her complaints of nausea. The request is thus deemed not medically necessary or appropriate as it is contrary to guidelines.