

Case Number:	CM15-0212498		
Date Assigned:	11/02/2015	Date of Injury:	07/01/2002
Decision Date:	12/14/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34-year-old male with a date of industrial injury 7-1-2002. The medical records indicated the injured worker (IW) was treated for postlaminectomy syndrome, not elsewhere classified; postlaminectomy syndrome, lumbar; displacement of lumbar disc without myelopathy; lumbar stenosis; lumbosacral radiculitis. In the progress notes (6-15-15, 7-28-15 and 8-25-15), the IW was seen for low back pain and reported slight numbness and burning in the left lower extremity in a sciatic distribution that worsened over the course of the day. Current medications were Compazine (since at least 2014) as needed for nausea, Miralax daily, Naprosyn twice daily and Ultracet 4 times daily as needed. On examination (7-28-15 and 8-25-15 notes), lumbar ranges of motion were near normal measurements. The IW's pain pump was analyzed and refilled with Morphine, Clonidine and Droperidol. Treatments included activity modification, lumbar spinal fusion (2005), trans-facet nerve root decompression and microdiscectomy (2010), intrathecal pain pump implantation (2011) and medications. The IW was temporarily totally disabled. In the records reviewed, there were no complaints of nausea and vomiting and no indication of when or how often the Compazine was being taken. A Request for Authorization was received for Compazine 10mg #30. The Utilization Review on 10-16-15 non-certified the request for Compazine 10mg #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 (Acute and Chronic), Antiemetics.

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

Decision rationale: The claimant has a remote history of a work injury occurring in July 2002 while working as a carpenter. He underwent lumbar spine surgery in July 2005 with a second surgery in February 2010. He continues to be treated for chronic pain including use of an intrathecal drug delivery system implanted in December 2011. He has a diagnosis of post laminectomy syndrome. Intrathecal medications include droperidol referenced as controlling nausea. When seen, he had slight pain. He was having left lower extremity sciatic distribution pain with numbness and burning. He had decreased lumbar spine range of motion. The pump was refilled. Oral medications were MiraLAX, Compazine, Naprosyn, and Ultracet. Zofran had been prescribed previously. Antiemetics for opioid induced nausea secondary to chronic opioid use are not recommended. Although nausea and vomiting are common with use of opioids, these side effects tend to diminish over days to weeks with continued exposure. When there is prolonged nausea and vomiting other etiologies of these symptoms should be evaluated. 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 and recommendations based on these studies cannot be extrapolated to chronic nonmalignant pain patients. Additionally, in this case, intrathecal droperidol is being administered for the same reason. Continued prescribing of Compazine is not medically necessary.