

<b>Case Number:</b>	CM15-0032442		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	12/31/1998
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Texas, California  
 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:

This is a 46-year-old female patient who sustained a work related injury on December 31, 1998. She was diagnosed with lumbago, thoracic spine degenerative disc disease, and lumbar/sacral degenerative disc disease. Per the doctor's note dated 1/14/2015, she had complaints of ongoing back pain and right leg numbness. The physical examination of the lumbar spine revealed tenderness, limited range of motion, decreased strength and sensation in lower extremities and antalgic gait. The current medications list includes nucynta (tapentadol), lyrica and compazine. She has history of nausea with butran patch in the past. Treatments included pain medications, nerve medication, Transcutaneous Electrical Nerve Stimulation (TENS) unit and Biofreeze. Authorization was requested for Compazine for nausea.

### 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 Physicians' Desk Reference.

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

(updated 04/06/15) Antiemetics (for opioid nausea) Compazine contains Prochlorperazine which is an antiemetic.

**Decision rationale:** Request: Compazine 25mg #60. Per the ODG antiemetics (for opioid nausea) are: 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). Patient had nausea with butrans patch in the past. A recent note with evidence of nausea or vomiting is not specified in the records provided. A detailed GI examination is also not specified in the records provided. The current medications list does not include butrans patch. In addition, any evidence of a recent operation, need for sedation, allergy or motion sickness is not specified in the records provided. The medical necessity of Compazine 25mg #60 is not established for this patient.