

Case Number:	CM14-0139174		
Date Assigned:	09/05/2014	Date of Injury:	05/25/1996
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 an 85-year-old female who reported an injury on 05/25/1996. The injured worker was in the kitchen area at work picking up an order when she slipped and fell on the spilled noodles on the floor. She fell forward and struck her knees against the counter steel and then she bounced back and landed on her back, striking the back of her head against the concrete floor. She sustained injuries to her head, neck, arms, lower back, and knees. The injured worker's treatment history included x-rays, magnetic resonance imaging studies, physical therapy, surgery and medications. The injured worker was evaluated on 08/06/2014 and it was documented that the injured worker complained of constant pain in the back of the neck with radiation to her back; intermittent bilateral upper extremity pain associated with numbness, tingling, weakness, grip loss, and spasm; intermittent upper back pain associated with stiffness and spasm; and lower extremity pain associated with numbness, tingling, weakness, coldness, cramping, spasms, tripping, and falling. She was being treated for vertigo. The physical examination revealed some difficulty with recent memory and immediate recall, poor attention, decreased acuity to finger rub bilaterally, positive Hallpike maneuver with nystagmus, weakness of the right shoulder abduction and flexion, trouble with performing tandem gait. She had decreased sensation to pinprick of the right arm. Diagnosis included dizziness. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Meclizine 12.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bhattacharyya N, Baugh RF, Orvidas L, Barrs D, Bronston U, Cass S, Chalian AA, Desmond AL, Earll JM, Fife TD, Fuller DC, Judge JO, Mann NR, Rosenfeld RM, Schuring LT, Steiner RW, Whitney SL, Haidari J, American Academy of Otolaryngology-Head and Neck Surgery Foundation. Clinical practice guideline: benign paroxysmal positional vertigo. Otolaryngol Head Neck Surg 2008 Nov; 139 (5 Suppl 4): \$47-871. [218 references]

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

Decision rationale: The request for 1 Prescription Meclizine 12.5mg is not medically necessary. The Official Disability Guidelines (ODG) does not recommend Meclizine for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. 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 4 weeks) and have limited application to long term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnoses include gastroparesis (primarily due to diabetes). Current research 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 nonmalignant pain patients. There is no high quality literature to support any one treatment for opioid induced nausea in chronic nonmalignant pain patients. In addition, the documentation provided does not indicate the injured worker having a diagnosis of cancer or acute/postoperative therapy. The request submitted failed to indicate frequency and duration of medication. Given the above, the request is not medically necessary.