

<b>Case Number:</b>	CM14-0087137		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Family Medicine and is licensed to practice in Texas. 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 a 53 year old female who reported an injury on 05/19/2012. The mechanism of injury was repetitive work duties. Her diagnoses included lumbar spine radiculopathy, left knee pain, left knee sprain/strain, status post left knee surgery, nausea, vomiting, anxiety and insomnia. The injured worker's past treatments encompassed 2 left knee surgeries, physical therapy, facet block injections, most recently on 03/13/2014, and medication. The diagnostic studies indicated in the clinical notes included an MRI of the right shoulder and lumbar spine. The injured worker's surgical history included a left knee surgery on 11/15/2012 and 08/22/2013. Her complaints on 05/07/2014 included persistent left knee pain and swelling, right shoulder pain, and lower back pain, which she rated as moderate to severe. She also reported that since her second back injection she has experienced severe nausea and vomiting, abdominal pain and bloating, and severe headaches. The injured worker stated that her pain was poorly controlled with medication. The physical exam revealed tenderness to palpation of the epigastrium. Her medications included Compazine 5mg, Bupropion XL, Norco, Pantoprazole and Ambien. The treatment plan consisted of physical therapy, follow up with a physician to address the possible gastrointestinal side effects of her back injection, Compazine 5mg #30, Norco/APAP 2.5mg, Pantoprazole, Bupropion, Ambien and transdermal compounds. The rationale for request was to treat nausea. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compazine 5mg Qty 30 with no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12390617> ; Efficacy and tolerability of prochlorperazine buccal tablets in treatment of acute migraine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [Rxlist.com/Compazine](http://Rxlist.com/Compazine)

**Decision rationale:** According to Rxlist, "Compazine is indicated to treat severe nausea and vomiting." The injured worker was noted to have severe nausea/vomiting possibly secondary to a facet block injection on 03/13/2014. However, the documentation failed to provide details regarding the duration of her symptoms and whether a thorough gastrointestinal assessment had been completed to address the etiology of the gastric complaints. In the absence of this information, the appropriateness of the requested medication cannot be established. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request for Compazine 5mg #30 is not medically necessary.