

<b>Case Number:</b>	CM15-0119016		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old female with an industrial injury dated 12/07/2012. The mechanism of injury is documented as a fall with trauma to the occipital head region. His diagnoses included cervical radiculitis, chronic pain, lumbar radiculitis, left elbow pain, left hand pain, left knee pain, left shoulder pain and headaches. Prior treatment included TENS unit, home exercise program and medications. She presents on 05/11 2015 with complaints of neck pain radiating down bilateral upper extremities, low back pain radiating down the left lower extremity, upper extremity pain and headaches. The pain is rated as 8/10 on average with medications and 8/10 on average without medications since last visit. She reports the pain is unchanged since her last visit. She reports limitations in activities of daily living. Physical exam noted the injured worker walked with a slow gait and used a cane in order to ambulate. Range of motion of the cervical spine increased pain. Motor examination showed decreased strength in right upper extremity. There was decreased range of motion of the lumbar spine and left shoulder. Treatment plan included continuing home exercise program, TENS unit and medications. The request for Prilosec 20 mg quantity 30 was authorized. The request for review is Compazine 10 mg quantity 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compazine 10mg QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; Antiemetics (for opioid nausea), page 773.

**Decision rationale:** Prochlorperazine Maleate (Compazine) is classified as an antiemetic and antipsychotic tranquilizer for control of severe nausea and vomiting, treatment of schizophrenia, short-term treatment of generalized non-psychotic anxiety. Side effects include drowsiness, dizziness, amenorrhea, blurred vision, skin reactions and hypotension may occur. Neuroleptic Malignant Syndrome (NMS) has been reported in association with antipsychotic drugs along with Cholestatic jaundice. There have been a few observations of fatty changes in the livers of patients who have died while receiving the drug. Leukopenia and agranulocytosis have also occurred. Compazine may be prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. None of these indications are industrially related or pertain to this injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Compazine for nausea and vomiting secondary to chronic opioid use. The Compazine 10mg QTY: 30.00 is not medically necessary and appropriate.