

<b>Case Number:</b>	CM14-0151845		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/12/1996
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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, has a subspecialty in Nephrology 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:

This is a 72-year-old male with a 7/12/96 date of injury; when he sustained cumulative trauma to the right elbow, bilateral wrists/hands and lower back. The patient underwent L4-L5 fusion in 2009 and L3-L4, L4-L5, L5-S1 fusion in 2010. The patient was seen on 8/19/14 with complaints of low back pain radiating to the left more than right lower extremity. The patient's nausea was responding well to intrathecal droperidol and his intrathecal pump was reprogrammed and filled. The patient was noted to be on Ambien, Allopurinol, Aspirin, Clonazepam, Furosemide, Glyburide, Prochlorperazine, Hydrocodone/APAP and other medications. Exam findings revealed that the patient was alert and oriented x3. The range of motion of the lumbosacral spine was not tested due to sagittal imbalance issues and the potential for falling. Per discussion with a prescribing provider on 9/9/14 it was agreed that Prochlorperazine maleate was not necessary for the patient given that the patient's opiate induced nausea was controlled with the addition of intrathecal droperidol and the prescribing provider agreed to discontinue the requested medication. The diagnosis is status post lumbar fusion, bilateral carpal tunnel syndrome, status post right elbow release, bilateral wrist/hand osteoarthritis, lumbago and implanted infusion pump. Treatment to date includes psychotherapy, medications, work restrictions, and infusion pump. An adverse determination was received on 9/9/14 given that the patient's nausea was well controlled with the addition of intrathecal droperidol and the guidelines did not support the use of antiemetics in the treatment of opiate induced nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prochlorperazine maleate 10mg 1 tab po tid #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain Chapter, Anti-emetics (for opioid nausea)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Compazine

**Decision rationale:** The California MTUS and Official Disability Guidelines do not address this issue. Compazine (Prochlorperazine) is effective for the short-term treatment of generalized non-psychotic anxiety. However, Compazine is not the first drug to be used in therapy for most patients with non-psychotic anxiety, because certain risks associated with its use are not shared by common alternative treatments. The FDA also states that it is indicated for the prevention of severe nausea and vomiting and in the treatment of schizophrenia. Per discussion with a prescribing provider on 9/9/14 it was agreed that Prochlorperazine maleate was not necessary for the patient given that the patient's opiate induced nausea was controlled with the addition of intrathecal droperidol and the prescribing provider agreed to discontinue the requested medication. Therefore, the request for Prochlorperazine maleate 10mg 1 tab p.o. tid #90 is not medically necessary.