

<b>Case Number:</b>	CM13-0015130		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 19, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; and unspecified amounts of chiropractic manipulative therapy. In a utilization review report of July 23, 2013, the claims administrator denied a request for Phenergan. The applicant's attorney subsequently appealed, on August 21, 2013. A subsequent October 4, 2013 progress note is notable for comments that the applicant is having nausea and vomiting associated with four times daily Vicodin usage. The applicant issued refills of Vicodin, Celebrex, Phenergan, and Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Promethazine 25mg between 7/15/2013 and 9/20/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

**Decision rationale:** The Official Disability Guidelines indicate that the usage of antiemetics is not recommended for nausea or vomiting secondary to chronic opioid use. The guidelines also indicate that these medications are associated with a high incidence of adverse effects, including tardive dyskinesia. While short-term usage of Phenergan could have been endorsed for acute use purposes, chronic, long term, scheduled usage of Phenergan cannot be endorse as this does not represent on FDA approved usage of the same. Given the applicant's age (74 years old), moreover, long-term usage of phenothiazine medications such as Phenergan may not be appropriate. The request for unknown prescription of Promethazine 25mg between 7/15/2013 and 9/20/2013 is not medically necessary and appropriate.