

<b>Case Number:</b>	CM13-0030991		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Internal Medicine and Cardiology 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 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 patient is a 42-year-old male with a reported date of injury on 08/29/2012; the patient was injured when he hit the top of his head on a corner of overhanging metal box. The patient presented with shoulder pain, increased tenderness throughout both shoulders at the AC joint, and severe pain related to emergency laparoscopic abdominal surgery for a ruptured appendix a week and a half prior to 10/31/2013. The patient had diagnoses including chronic right shoulder pain, status post right shoulder cuff repair, chronic left shoulder pain, and status post left shoulder arthroscopic surgery. The physician's treatment plan included a request for Phenergran 35 mg quantity 60 (dispensed on 09/05/2013).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (9/5/13) request for Phenergran 25mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com)

**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) Antiemetics (for opioid nausea).

**Decision rationale:** The California MTUS guidelines and ACOEM do not address the use of Phenergan. The Official Disability Guidelines note Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use as nausea and vomiting is common with use of opioids and these side effects tend to diminish over days to weeks of continued exposure. Phenergan is recommended as a sedative and anti-emetic in pre-operative and postoperative situations. Within the provided documentation, the requesting physician's rationale for providing Phenergan on 09/05/2013 was unclear. The guidelines recommend the use of Phenergan as a sedative and anti-emetic in pre-operative and postoperative situations. Per the provided documentation, it did not appear the patient was postoperative on 09/05/2013, which would indicate the patient's need for the medication. Therefore, the request for Phenergan 35mg, QTY: 60 (dispensed on 9/5/13) is neither medically necessary nor appropriate.