MAXIMUS Federal Services

Case Number:	CM13-0056256		
Date Assigned:	12/30/2013	Date of Injury:	07/22/2003
Decision Date:	03/24/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 57-year-old female with date of injury of 07/22/2003. The listed diagnoses per [redacted] dated 10/25/2013 are: 1. Long-term use of medications, NEC; 2. Rheumatoid arthritis; 3. Osteoarthrosis localized primary involving lower leg. According to progress report 10/25/2013 by [redacted], the patient complains of total body pain, chronic fatigue, and problems sleeping. He also reports morning gel phenomenon for about 60 minutes with no new joint swelling. She is currently having a major flareup of her RA with stiffness and pain in her hands, knees, and swelling of the right knee. She is also complaining of neck and back pain and she has used steroids in the past with significant improvement. She is currently taking Flurbiprofen topical, Ativan, Xeijans, Promethazine, and Tramadol. Objective findings show no new joint swelling, normal neurologic examination, rheumatoid arthritis deformities in the hands and no organomegaly. There is bilateral wrist tenderness and right knee tenderness and swelling. The treater is requesting a refill for promethazine 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, and http://www.drugs.com/promethazine.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines on Antiemetics for opiates.

Decision rationale: This patient presents with chronic body pain. The treater is requesting a refill for promethazine 50 mg. This appears to be prescribed for antiemetic effect for chronic opiate use. The Official Disability Guidelines on antiemetics for opiates do not recommend promethazine for nausea and vomiting secondary to chronic opioid use. It is only recommended for acute use as noted per FDA approved indications. A review of reports from 01/18/2013 to 11/05/2013 shows that the patient has been taking promethazine 50 mg since 01/18/2013. In this case, promethazine is a drug that is recommended as a sedative and antiemetic in preoperative and postoperative situations. The medical records provided for review do not show that the patient is postop or preop. The treater appears to be using this medication for rheumatoid arthritis (RA) but there is no support for this use. Promethazine is sometimes used for allergic responses such as itchiness and runny nose. There is lack of evidence that promethazine is an effective medication to treat RA. The request for one prescription of promethazine 50mg is not medically necessary and appropriate.