

Case Number:	CM13-0056938		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2002
Decision Date:	05/15/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Okalahoma. 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:

The injured worker is a 49-year-old female who reported an injury on 10/18/2002. The mechanism of injury was not provided. Current diagnoses include myalgia and myositis, post-laminectomy syndrome, and thoracic or lumbosacral neuritis or radiculitis. The injured worker was evaluated on 10/21/2013. The injured worker reported persistent pain. Physical examination revealed normal range of motion of the thoracic and lumbar spine, negative straight leg raise, normal muscle strength and tone, and intact sensation with a normal gait. Treatment recommendations at that time included prescriptions for Promethazine 25 mg, Ultram, Amitiza, Duexis, hydrocodone, omeprazole, tizanidine, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROMETHAZINE 25MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) CHRONIC PAIN CHAPTER, ANTIEMETIC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) CHRONIC PAIN CHAPTER, ANTIEMETIC

Decision rationale: Official Disability Guidelines state antiemetic is not recommended for nausea and vomiting secondary to chronic opioid use. Promethazine is recommended as a sedative and antiemetic in preoperative and postoperative situations. The injured worker does not meet the above mentioned criteria as outlined by Official Disability Guidelines. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. Based on the clinical information received, the request is non-certified.