

Case Number:	CM13-0058232		
Date Assigned:	12/30/2013	Date of Injury:	07/01/1992
Decision Date:	05/05/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 1, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; stellate ganglion blocks; multiple interventional spine procedures; epidural steroid injection; prior cervical fusion surgery; and adjuvant medications. In a utilization review report of November 28, 2013, the claims administrator approved a lumbar MRI, approved Lyrica, and approved immediate release OxyContin while denying a request for Promethazine or Phenergan. It is incidentally noted that the claims administrator misquoted/miscited/mislabelled numerous guidelines. For example, 2009 ACOEM Guidelines was cited in lieu of the MTUS-adopted 2004 ACOEM Guidelines. The claims administrator mislabeled an ODG Guideline as an MTUS Chronic Pain Medical Treatment Guideline. The applicant's attorney appealed the denial. A progress note of November 26, 2013 is notable for comments that the applicant experiences intermittent nausea with medications. Zofran is apparently endorsed in lieu of previously prescribed Phenergan. The applicant was given a 60-tablet supply of Zofran on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROMETHAZINE 25MG QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Phenergan-Access Data online version.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Phenergan is used for the treatment of allergic rhinitis, amelioration of allergic reactions, sedation purposes, to ameliorate nausea and vomiting associated with anesthesia, and/or surgery. Phenergan or promethazine can also be employed, either orally or by suppository, as part of antiemetic therapy in the postoperative context. In this case, however, the applicant does not appear to meet FDA criteria for continued usage of promethazine or Phenergan. There is no evidence that the applicant had issues with postoperative nausea and/or vomiting. There is no evidence that the applicant had an allergic reaction. There is no evidence that the applicant had symptoms of nausea associated with the recent surgery or delivery. The attending provider wrote that he intends to employ Phenergan or Promethazine to prevent opioid-induced nausea. This is not an approved indication for promethazine for Phenergan, per the FDA, particularly on the long term, twice daily, scheduled usage which is being proposed here. Therefore, the request is not certified.