

Case Number:	CM13-0061235		
Date Assigned:	12/30/2013	Date of Injury:	03/16/2009
Decision Date:	04/11/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 represented [REDACTED] employee who filed a claim for chronic low back pain, foot pain, and depression reportedly associated with an industrial injury of March 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; long-acting Opioids; orthotics; and antidepressant medications. In a utilization review report of November 19, 2013, the claims administrator denied a request for Phenergan, approved a request for orthotic shoes, partially certified Oxycodone, seemingly for weaning purposes, and approved a request for Celexa. The applicant's attorney subsequently appealed. An October 31, 2013 progress note is notable for comments that the applicant states that Compazine is ineffective for nausea. The applicant reports heightened psychological stress not completely controlled as a result of Celexa. The applicant was apparently contemplating a calcaneal release surgery at one point, it is stated. The applicant's medication list includes Celexa, Compazine, Flexeril, Oxycodone, and Silenor. The applicant denies any illicit drug use, it is stated. He is status post placement of a spinal cord stimulator and subsequent reprogramming of the same. He exhibits a slow and antalgic gait. His BMI is 21. He is wearing a lumbar support. He is asked to continue Oxycodone, Celexa, Promethazine, and Flexeril. It is stated that the Promethazine is being employed to treat nausea secondary to pain medication usage. Replacement of orthotic shoes is sought. The applicant's work status is not detailed in this visit. On an earlier note of November 15, 2012, however, it is stated that the applicant is already permanent and stationary and is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROMETHAZINE 25 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter Antiemetics Topic, Antiemetics such as Promethazine are "not recommended" for nausea and vomiting secondary to chronic Opioid use. In this case, the attending provider has seemingly stated that he intends to employ Promethazine to combat Opioid induced nausea. This is not an approved indication for Promethazine, per ODG. Therefore, the request is not medically necessary.

OXYCODONE 15 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of Opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing Opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work. The applicant's pain complaints are seemingly heightened as opposed to reduced on the most recent office visit in question. The applicant does not appear to have clearly demonstrated any improvement in terms of performance of non-work activities of daily living. Accordingly, the request is not medically necessary.