

Case Number:	CM14-0103017		
Date Assigned:	07/30/2014	Date of Injury:	02/14/2008
Decision Date:	10/08/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 injured worker is a 30-year-old male who reported an injury on 02/14/2008. The mechanism of injury was not provided for review. The injured worker ultimately sustained an injury to his right shoulder and underwent surgical intervention. The injured worker did not have a positive clinical response to shoulder surgery and ultimately developed chronic pain syndrome. The injured worker's pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 06/16/2014. It was documented that the injured worker's medications included omeprazole, Phenergan, Soma, Voltaren gel, Lidoderm, MS-Contin, Dilaudid, and Percocet. The physical findings included restricted range of motion of the shoulder described as 40 degrees in abduction and 30 degrees in anterior extension. The injured worker also had significant tenderness to palpation of the anterior aspect of the bicipital groove and the treating physician was unable to complete the examination due to pain complaints. The injured worker's diagnoses included recurrent right shoulder dislocation with a dysplastic glenoid in findings of dynamic subluxation; left wrist ligamentous and ulnar nerve injury; right knee injury; history of migraines; abdominal, epigastric, and left upper quadrant pain; insomnia secondary to pain; and right upper extremity numbness. The injured worker's treatment plan included continuation of medications. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 250mg, qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Promethazine; Official Disability Guidelines, Pain Chapter, Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetics

Decision rationale: The California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines do recommend this medication to assist with symptoms related to acute gastritis or postsurgical nausea. The clinical documentation submitted for review does not provide any evidence that the injured worker is suffering from acute gastritis or postsurgical nausea that would benefit from this medication. The clinical documentation does however, indicate that the injured worker is on multiple narcotic medications. The Official Disability Guidelines do not recommend the use of this medication to assist with control of side effects related to medication usage. Therefore, continued use of this medication would not be supported in this clinical situation. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested promethazine 250 mg quantity 120 is not medically necessary or appropriate.