

Case Number:	CM14-0018122		
Date Assigned:	04/16/2014	Date of Injury:	10/18/2011
Decision Date:	06/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 62 year old female with a reported injury date on 10/08/2011 from unspecified mechanism of injury. The operative report dated 11/13/2013 reported that the injured worker underwent a right knee unicompartmental knee arthroplasty with [REDACTED] prosthesis. The clinical note dated 01/06/2014 reported that the injured workers range of motion was not responding to physical therapy and home exercise program as well as expected and a plan for right knee manipulation under anesthesia was discussed. The clinical note dated 02/12/2014 reported that the injured worker was scheduled for manipulation under anesthesia. The provider noted the injured worker had a history of nausea associated with unspecified pain medication use for which phenegran 25mg #30 was recommended. The injured worker had diagnoses including chondromalacia of the patella and pain in joint, lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR PHENERGAN 25MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Phenergan. Decision based on Non-MTUS Citation ODG: Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, ANTIEMETIC'S (FOR OPIOID NAUSEA).

Decision rationale: The request for Phenergan 25mg #30 is not medically necessary. The injured worker was scheduled to undergo knee manipulation under and anesthesia on 02/12/2014 following unsuccessful physical therapy and home therapy regiment for post operative right knee arthroplasty. The provider indicated the injured worker reportedly has a history of nausea associated with unspecified pain medication use. The Official Disability Guidelines do not recommend antiemetic use for nasuea and vomiting secondary to chronic opioiod use. The Official Disability Guidelines recommend Phenergan for use as a antiemtic in pre-operative and post-operative situations. Per the provided documentation it appears the injured worker underwent manipulation under anesthesia to the right knee on 02/12/2014. The injured worker is approximately 3 months status post manipulation under anesthesia; therefore, it was unclear why the injured worker would continue to require phenergan for postoperative use. Furthermore, the request does not specify the frequency at which the requested medication is to be given. As such the request is not medically necessary and appropriate.