

Case Number:	CM14-0018794		
Date Assigned:	04/18/2014	Date of Injury:	09/26/2006
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 and is licensed to practice in Texas. 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 53 year old male with a reported injury date on 09/26/2006; the mechanism of injury was not provided. The clinical note dated 12/24/2013 noted that the injured worker was currently being treated for chronic pain of the left knee, bilateral lower extremities, low back, hip, and left shoulder. It was noted that the injured worker was currently prescribed Lidoderm 5% patch, Norco 10/325mg, Baclofen 10mg, Omeprazole 20mg, Gabapentin 300mg, and Phenergan 25mg. It was also noted that the injured worker had no complaints of side effects associated with medication use. The request for authorization for Phenergan 25mg #30 was submitted on 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHENERGAN 25MG #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 (ODG).

Decision rationale: It was noted that the injured worker was currently being treated for chronic pain of the left knee, bilateral lower extremities, low back, hip, and left shoulder. It was also

noted that the injured worker was currently prescribed Lidoderm 5% patch, Norco 10/325mg, Baclofen 10mg, Omeprazole 20mg, Gabapentin 300mg, and Phenergan 25mg. It was also noted that the injured worker had no complaints of side effects associated with medication use. The Official Disability Guidelines do not recommend antiemetic use for nausea and vomiting secondary to chronic opioid use. However, the ODG does recommend Phenergan for use as an antiemetic in pre-operative and post-operative situations. Based on the documentation provided for review the medical necessity for the use of Phenergan has not been established. The injured worker is not scheduled for surgery. Additionally, it remains unclear what symptomatology the requesting physician is attempting to treat with the requested medication. As such this request is not medically necessary and appropriate.