

Case Number:	CM14-0111487		
Date Assigned:	08/01/2014	Date of Injury:	02/27/2001
Decision Date:	09/18/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

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 68-year-old male with an original date of injury of February 27, 2001. The injured worker is documented to be on chronic opiate therapy for chronic low back pain. The disputed request is for Phenergan 25 mg x 99 months. This request was noncertified in a utilization review determination on June 20, 2014. The stated rationale was that the injured worker does not have current complaints of nausea, and guidelines do not recommend the use of antibiotics for opioid induced nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25 mg for 99 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate Online, Phenergan Entry.

Decision rationale: Phenergan is an anti-emetic medication and is not specifically addressed in the California Medical Treatment and Utilization Schedule for its use as an anti-emetic. It is

identified as a sedative which can be used in the management of insomnia. Instead, a national evidence-based database was utilized instead. In reviewing the record, it is unclear that the patient has documentation of nausea. It is noted that the patient is on chronic Avinza usage, which sometimes may have the side effect of nausea, but this is not clearly documented. This request is not medically necessary.