

Case Number:	CM14-0131877		
Date Assigned:	08/22/2014	Date of Injury:	11/28/2006
Decision Date:	12/12/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 and 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 patient is a 47 year old female who was injured on 11/20/2006. The mechanism of injury is unknown. Prior medication history included Percocet, Prilosec, MiraLax, Colace, Paxil and Lidoderm. Progress report dated 03/25/2014 states the patient presented with itching and some rash that is felt to be a reaction to the oxycodone she has been taking. On exam, a faint rash is noted in the upper arms and bilateral shoulder girdle region. There are no drainage or open wounds noted. Deep tendon reflexes are equal and symmetric in the bilateral upper extremities. Progress report dated 05/06/2014 indicates the patient is having severe pain rated as 9/10. On exam, there are focal points of tenderness in the left greater than right shoulder girdles. Deep tendon reflexes are equal and symmetric in bilateral upper extremities. Hoffmann's sign is negative bilaterally. Diagnoses are neck pain and headache, likely cervicogenic. She has been recommended Phenergan and a dermatology consult. Prior utilization review dated 06/17/2014 states the requests for Dermatology consult is not certified as there are no findings that would warrant the necessity of this request; Phenergan 25 mg # 50 is denied as medical necessity has not been established as there is a lack of documented evidence to support the request..

IMR ISSUES, DECISIONS AND RATIONALES

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

Dermatology consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, pages 503

Decision rationale: According to guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient does not have a skin rash (except for a faint one according to the progress notes). There are no open wounds or drainage. If this is truly a drug related dermatitis from the Oxycodone, this skin manifestation will resolve upon discontinuation of the medication. The request is not medically necessary.

Phenegran 25 mg # 50: Upheld

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

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

Decision rationale: CA MTUS is silent regarding the request. According to the ODG, it is not recommended for nausea and vomiting secondary to chronic opioid use. Phenegran 25 mg is not medically necessary since there is no evidence of protracted vomiting and/or nausea.