

Case Number:	CM14-0134403		
Date Assigned:	08/27/2014	Date of Injury:	04/21/2006
Decision Date:	10/02/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family 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 patient is a 64-year-old male who has submitted a claim for Chronic lower back pain, lumbosacral degenerative disease, chronic pain syndrome, opioid dependence, insomnia, and myofascial pain syndrome associated with an industrial injury date of April 21, 2006. Medical records from 2007 through 2014 were reviewed, which showed that the patient complained of back pain. Physical examination revealed ability to ambulate with a straight cane, stooped posture, limited range of motion (ROM) with flexion, extension and side bending, motor strength in lower extremity of 5/5, and intact sensation. Treatment to date has included medications and functional restoration program. Patient had started weaning off full acting opioids and was tolerating Suboxone. Utilization review from August 18, 2014 denied the request for Promethazine because the guidelines are not supportive of opioid-induced nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine: Upheld

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

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

Decision rationale: CA MTUS does not address the topic on Promethazine. Per strength of evidence hierarchy established by CA Department of Industrial Relations, Division of Worker's Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Promethazine is a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion, sedation, tardive dyskinesia, and anticholinergic effects. In this case, the patient was not in pre-operative nor post-operative state. The patient had been on promethazine for persistent symptoms of nausea since he had been taking narcotic medications. However, the guidelines state that there is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. The request was also incomplete as there was no mention of the dosage of promethazine and the number of pills to be prescribed. Therefore, the request for Promethazine is not medically necessary.