MAXIMUS Federal Services

Case Number:	CM14-0135786		
Date Assigned:	08/29/2014	Date of Injury:	11/01/2002
Decision Date:	09/25/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 Arizona. 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:

This case involves a 54 year old male with a date of injury of 11/1/2002. Diagnoses include fracture of lower end of femur, chronic muscle spasms, and insomnia. The injured worker has had multiple knee and ankle surgeries. Subjective complaints are of knee pain and left leg pain. Physical exam documented no abnormalities. Gastrointestinal (GI) review of systems was negative for abdominal pain or vomiting. Medications include Norco, Diazepam, Zolpidem, Prilosec, and Promethazine. Request is for promethazine for occasional nausea due to medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine HCL 25mg 1 po daytime prn occasional nausea from opiate count #6 with 4 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation:Promethazine (Phenergan): Mental Illness & Stress (updated 6/12/14).

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: FDA: PHENERGAN www.drugs.com.

Decision rationale: Phenergan is used to treat allergy symptoms or prevent motion sickness, treat nausea and vomiting, or pain after surgery. It can also be used as a sedative or sleep aid. For this patient, submitted documentation indicates that the patient uses Phenergan only on an occasional basis for nausea, and is not taking this medication chronically. Therefore, the use of Phenergan is consistent with prescribing guidelines. As such, this request is medically necessary.