

Case Number:	CM14-0157114		
Date Assigned:	09/29/2014	Date of Injury:	11/01/2002
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 45 year old male presenting with chronic pain following a work related injury on 05/24/2013. The claimant was diagnosed with Cervicalgia, lumbago, and Shoulder pain. On 05/15/2014, the claimant complained of cervical spine, lumbar spine and left shoulder with positive Spurling, impingement and straight leg raise and decreased range of motion. The physical exam showed tenderness in the cervical spine and wrist, with positive Tinel's and Phalen's sign. The claimant's medications included Lisinopril. A claim was made for Promethazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg #6 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 78, 124, 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain-Antiemetics (for opioid nausea)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetics Page(s): 10.

Decision rationale: Promethazine 25mg #6 with 4 refills is not medically necessary. The chronic pain medical treatment guidelines on anti-emetics such as Promethazine states that they are FDA

approved for nausea and vomiting secondary to chemotherapy and radiation, postoperative use and acute treatment for gastroenteritis. Phenergan in this case is not medically necessary because it was administered in conjunction with a medication or in anticipation of opioid induced nausea and vomiting. There was no documentation that the claimant had such a symptomology and improved function with this medication; therefore the request is not medically necessary.