

Case Number:	CM14-0020074		
Date Assigned:	04/25/2014	Date of Injury:	02/05/2001
Decision Date:	07/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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 an employee of [REDACTED] and has submitted a claim for Chronic Obstructive Pulmonary Disease associated with an industrial injury date of February 5, 2001. Treatment to date has included BIPAP and a number of medications which include Prednisone, Albuterol, Augmentin, Ciprofloxacin. Medical records from 2013 to 2014 were reviewed showing that patient has been experiencing shortness of breath, productive cough with brownish sputum, dyspnea on exertion, decrease in appetite and occasional nausea due to interstitial lung disease complicated by existing co-morbidities such as COPD, asthma, OSA, and pulmonary hypertension. Physical examination of decreased breath sounds, rhonchi and wheezing were noted. Utilization review from January 21, 2014 denied the request for PROMETHAZINE DM since there was no complaint of vomiting and only occasional nausea which may be related to increased coughing associated with bronchitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROMETHAZINE DM: Upheld

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

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 Promethazine specifically. Per strength of evidence hierarchy established by CA Department of Industrial Relations, Division of Worker's Compensation, the Official Disability Guidelines (ODG) Chronic Pain, Anti-emetic for opioid (for nausea), Promethazine 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, Promethazine was prescribed on December 4, 2013, however there is no documentation that the patient is currently experiencing vomiting or nausea. Intake may cause multiple adverse effects mentioned above. The guidelines only indicate its usage for pre- and post-operative treatment. There is no discussion concerning the need for variance from the guidelines. Furthermore, the present request does not specify the dosage, frequency and amount of drug to be dispensed. Therefore, the request for Promethazine DM is not medically necessary.