

Case Number:	CM14-0029248		
Date Assigned:	06/20/2014	Date of Injury:	05/22/1998
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 62-year-old female who reported an injury on 05/22/1988. The mechanism of injury was not stated. Current diagnoses include post-laminectomy syndrome in the lumbar region, depressive disorder, opioid dependence, reflex sympathetic dystrophy of the lower limb, spinal strain, thoracic/lumbosacral neuritis/radiculitis, total knee replacement, and primary localized osteoarthritis of the lower leg. The injured worker was evaluated on 04/04/2014 with complaints of increased pain. Physical examination revealed an antalgic gait, limited lumbar range of motion, diminished strength in the left lower extremity, swelling in the right knee, tenderness to palpation of the left knee, and decreased sensation in the right knee. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF PROMETHAZINE HCL 25MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA 2010 Revision, Web Edition, and Official Disability Guidelines (ODG), Web Edition.

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 Chapter, Antiemetic.

Decision rationale: The Official Disability Guidelines state antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Promethazine is recommended as a sedative and an antiemetic in preoperative and postoperative situations. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.