

Case Number:	CM14-0031016		
Date Assigned:	06/20/2014	Date of Injury:	09/24/2001
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/12/2014

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, and is licensed to practice in Illinois. 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 60-year-old female with a reported date of injury on 09/24/2001. The mechanism of injury was reported to be cumulative trauma. The diagnoses were noted to include postlaminectomy syndrome (cervical), cervical spondylosis, cervical degenerative disc disease, adhesive capsulitis of the shoulder, carpal tunnel syndrome, shoulder pain, sleep disorder, headache, depression, constipation, lateral epicondylitis, myofasciitis, and occipital neuralgia. Previous treatments were noted to include acupuncture, medication, an interferential unit, and an occipital nerve block. The progress report dated 02/13/2014 reported the injured worker complained of neck/bilateral shoulders and elbow pain. The injured worker reported the pain spread to both of upper extremities diffusely and included her entire head. The injured worker has a history of migraines and the pain is described as sharp, burning, aching, and stabbing. The injured worker has utilized Phenergan for nausea in regards to medications. The physical examination performed noted a decreased range of motion to the right shoulder, and cervical spine. There was noted to be decreased sensation to light touch at the left medial hand and all fingertips. The injured worker's medications are noted to include Fioricet 325/50/40 mg every six hours as needed for severe headache, Percocet 10/325mg four times a day as needed, oxycodone 10mg three to four times a day, Flexeril 10mg twice a day as needed, Xanax 0.5mg zero to one day as needed, trazodone 100mg two times a day as needed, Clindamycin topical 1% zero to two times a day, Lovastatin 20mg one time a day, Omeprazole 20mg two times a day, Dyazide 75/50mg one time a day, Linzess 145mg one time a day, Senna 25mg four times a day, glycerin suppositories daily as needed, fleet enema daily as needed, Estratest at bedtime (H.S.) once a day, Phenergan 25mg zero to one time a day, magnesium 400mg one time a day, cod liver oil 1000mg one time a day, calcium 500mg two times a day. The request for authorization form

was not submitted within the medical records. The request is for Phenadoz 25mg suppositories between 02/17/2014 and 04/03/2014 to help with any nausea associated with Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIFTEEN (15) PHENADOZ 25MG SUPPOSITORIES BETWEEN 2/17/2014 AND 4/3/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetic (for opioid nausea).

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

Decision rationale: The request for Phenadoz 25mg suppositories between 02/14/2014 and 04/03/2014 is non-certified. The injured worker has been taking this medication since at least 11/2013. The Official Disability Guidelines (ODG) recommends anti-emetics for acute use per preoperative and postoperative situations. The documentation provided indicated the injured worker was taking Phenergan due to nausea associated with Fioricet, but the guidelines recommendation is pre- and post-operative nausea. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not certified.