

Case Number:	CM14-0040710		
Date Assigned:	06/27/2014	Date of Injury:	03/09/2004
Decision Date:	09/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/07/2014

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 Emergency Medicine and is licensed to practice in New York. 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 a 56-year-old female who was injured on March 9, 2004. The patient continued to experience pain in her neck, bilateral shoulders, bilateral arms, and upper back. Physical examination was notable for tenderness over the cervical paraspinal area, decreased sensation in the bilateral upper extremities, and normal motor strength of the upper extremities bilaterally. Diagnoses included failed back surgery syndrome of the cervical spine, cervical degenerative disc disease, and chronic pain. Treatment included medications and surgery. Request for authorization for Promethazine 25 mg tid was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine Hcl 25mg TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Antiemetics (for opioid nausea).

Decision rationale: Promethazine is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects

are noted with use including somnolence, confusion and sedation. Tardive dyskinesia, characterized by involuntary movements of the tongue, mouth, jaw, and/or face, is also associated with use. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus). Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case the patient had been using the promethazine since at least September 2013. The duration of treatment increases the risk of adverse effects. The request should not be authorized.