

Case Number:	CM14-0042204		
Date Assigned:	06/30/2014	Date of Injury:	01/04/2004
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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 and 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 42 year old male injured on 01/04/04 when a forklift ran over his foot resulting in crush injury and structural foot pain. Current diagnoses included complex regional pain syndrome, reflex sympathetic dystrophy of the right foot, right foot neuralgia, status post crush injury, chronic opiate therapy, indwelling spinal cord stimulator, reactive nausea secondary to spinal narcotics, situational depression, and intrathecal infusion system. Clinical note dated 05/15/14 indicated the injured worker presented complaining of neuropathic pain to the right foot secondary to neuralgia requiring the use of Lidoderm Patches in addition to intrathecal pump refill. With the use of infusion system and spinal cord stimulator the injured worker had been able to discontinue chronic morphine sulfate therapy and only used Percocet for intermittent pain flares. The injured worker reported pain 3-4/10 with medications and 9-10/10 without. The injured worker reported medications allowed participation in activities of daily living. The injured worker reported significant nausea due to spinal morphine requiring daily use of Phenergan. Physical examination revealed favoring of the right foot, improvement in tactile allodynia, hyperpathia, cyanosis, hyperhidrosis, and increasing range of motion, and improvement in manipulation. Medications included Percocet 5-325mg half to one tablet four times daily, Lidoderm 5% Patch one per day, and Phenergan 25mg daily. The initial request for Phenergan 25mg #30 was non-certified on 04/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids, When to Discontinue Page(s): 79.

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

Decision rationale: As noted in the Official Disability Guidelines - Online version, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Phenergan is recommended as a sedative and antiemetic in pre-operative and post-operative situations; however, the injured worker's nausea is directly related to intrathecally infused narcotics. This medication has significantly reduced the injured worker's pain levels increasing functionality. Counteracting the side effects of the medication is necessary in this case. As such, the request for Phenergan 25mg #30 is medically necessary.