

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0048833 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 05/04/2006 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 03/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2014 |

### 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 Anesthesiology, 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:

This is a 48-year-old with a date of injury of May 4, 2006. The patient's diagnoses include low back pain, history of lumbosacral strain with lumbar degenerative disc disease and dyspepsia. According to documentation in this patient's medical record she has been taking Norco for pain relief since 2012. In January of 2014 the patient reported Norco and Nucynta was "making her sick" causing an upset stomach and nausea. Dilaudid was then prescribed for acute pain flairs-ups. In a note dated February 24, 2014 there is documentation of a prescription for phenergan to treat nausea side effects from narcotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenergan 25 mg, thirty count:** 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 (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, Phenergan.

**Decision rationale:** This is a review for a prescription of Phenergan for treatment of nausea associated with the use of chronic opioid pain medication. Phenergan, also known as Promethazine is a phenothiazine and antihistamine typically used to treat nausea and vomiting in the postoperative setting. The MTUS is silent regarding the use of phenergan for treatment of nausea associated with chronic opioids. The ODG clearly does not recommend phenergan for treatment of nausea and vomiting secondary to chronic opioid use. In addition, development of Tardive Dyskinesia is associated with prolonged use of phenothiazines. This may be irreversible in some cases. Therefore, the request for Phenergan 25 mg, thirty count Is not medically necessary or appropriate.