

Case Number:	CM14-0057020		
Date Assigned:	07/09/2014	Date of Injury:	09/06/1996
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/28/2014

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 and is licensed to practice in Nevada. 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 54-year-old male who was reportedly injured on September 6, 1996. The mechanism of injury is noted as a fall off a mountain bike resulting in a left distal radius fracture. There is also a history of a personality disorder, depressive syndrome, adjustment reaction, as well as anxiety/stress. The most recent progress note dated March 12, 2014, indicates that the injured employee has a need for home health assistance. No physical examination was performed on this date. Diagnostic imaging studies were not reviewed. Previous treatment includes left wrist surgery times six. A request was made for promethazine and was not certified in the pre-authorization process on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Insomnia Treatment, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG) promethazine is recommended as both a sedative for insomnia as well as for treatment for nausea and vomiting. The medical record does not indicate that the injured employee has been diagnosed with any of these conditions. Therefore, this request for promethazine is not medically necessary.