

<b>Case Number:</b>	CM14-0057392		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/07/1989
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 66-year-old female with a reported date of injury on 11/07/1989. The injury reportedly occurred when the injured worker was coming down the stairs and she twisted her ankle and hurt her large toe. Her diagnoses were noted to include right knee internal derangement, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, right shoulder internal derangement, tendonitis to the right shoulder, musculoligamentous of the cervical spine with right upper extremity radiculitis, status post rotator cuff repair and busectomy, right knee osteoarthritis and T12-S1, L1-S1 disc bulge. Her previous treatments were noted to include physical therapy, surgery, medication, acupuncture, home exercise program, lumbar support and ortho-stim unit. Her medications were noted to include tramadol 50 mg #200, ibuprofen 800 mg #100, methocarbamol 750 mg, Flexeril 10 mg, Salon Pas, and Pepcid 20 mg. The progress note dated 01/23/2014 revealed the injured worker complained of neck pain that radiated down between the shoulder blades and indicated it was catching and locking with pain radiating up to the left ear. The injured worker reported low back pain, wakening her at night and the pain was mostly on the side of the low back region that radiated down the side of the legs to the feet. The injured worker complained of occasional right shoulder cramping above the shoulder as well as stiffness. The physical examination revealed tenderness over the upper trapezius, levator scapula and rhomboids bilaterally. The progress note dated 03/10/2014 revealed complaints of constipation and nausea. The physical examination revealed abdominal tenderness. The Request for Authorization Form dated 03/10/2014 was for Kristalose 20 grams #60 for constipation and Promethazine 10 mg #100 for nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kristalose 20 gm #60 one QD refill x3 - 24 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

**Decision rationale:** The injured worker complained of nausea, vomiting and constipation. The California Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation should be initiated when starting opioid therapy. The injured worker has been taking Amitiza for constipation and there was a lack of documentation regarding the need for 2 laxatives and a complete physical examination. Therefore, the request for Kristalose 20 gm #60 is not medically necessary.

**Promethazine 10 mg #100 refill x3 - 24 months:** 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, Antiemetics (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, Antiemetics.

**Decision rationale:** The injured worker complained of nausea and vomiting. The Official Disability Guidelines do not recommend Phenergan for nausea and vomiting secondary to chronic opioid use. The guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Antiemetics are recommended for acute use for pre and postoperative situations. The guidelines do not recommend Phenergan for chronic opioid use and additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Promethazine 10 mg #100 is not medically necessary.