

<b>Case Number:</b>	CM14-0061257		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/12/2003
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 42 year old male who has submitted a claim for chronic lumbosacral pain, both discogenic and facet mediated associated from an industrial injury date of March 12, 2003. Medical records from 2013-2014 were reviewed, the latest of which dated July 3, 2014 revealed that the patient is experiencing back stiffness and pain. The patient indicates back extension and flexion, hip extension and flexion, and hip rotation worsens condition. Back pain is described as aching, burning, sharp, throbbing, shooting and spasming. The pain is rated 6/10. Back pain is located in the lumbar area, lower back, right leg and left leg. The patient denies nausea and vomiting. Treatment to date has included microdiscectomy (2003), global fusion at L4-5 (10/23/08), hardware injections, home exercise program, and medications, which include Cymbalta, Klonopin, Norco, Nuvigil, Opana ER and Promethazine. A utilization review from April 29, 2014 denied the request for Promethazine 12.5mg #30, 3 refills because guidelines do not recommend antiemetics for nausea and vomiting secondary to opioid use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Promethazine 12.5mg #30, 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th edition (web), 2014, Pain, Antiemetics.

**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, Anti-emetic for opioid (nausea): Promethazine.

**Decision rationale:** The ODG states that Promethazine is a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion, sedation, tardive dyskinesia, and anticholinergic effects. The patient has been on Promethazine since October 2013 for pain-related nausea. However, the most recent progress report mentioned that the patient denied nausea and vomiting. Moreover, there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Promethazine 12.5mg #30, 3 refills is not medically necessary.