

Case Number:	CM14-0067602		
Date Assigned:	07/11/2014	Date of Injury:	10/17/2000
Decision Date:	09/17/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 records presented for review indicate that this 62-year-old female was reportedly injured on October 17, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 19, 2014, indicates that there are ongoing complaints of neck pain radiating to the bilateral shoulders. Current medications were stated to decrease the injured employee's pain by 50% and allow her to increase in function and activities of daily living. The physical examination noted ambulation with the assistance of a cane. There was minimal range of motion of the cervical spine and a normal upper extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a home exercise. A request had been made for Promethazine and was not certified in the pre-authorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month supply of Promethazine 25 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-emetics, Updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines the usage of Promethazine is only indicated for the treatment of insomnia and not recommended for nausea and vomiting secondary to opioid usage. As such, this request for One month supply of Promethazine 25 mg is not medically necessary and appropriate.