

<b>Case Number:</b>	CM14-0067720		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/02/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 37-year-old female who reported an injury on 12/02/2007 due to an unknown mechanism. Diagnoses were status post lumbar fusion with subsequent hardware removal, lumbar discogenic disease, chronic low back pain, major depressive disorder, and chronic gastritis with intractable nausea and vomiting. Past treatments were multiple medications times 5 years, transcutaneous electrical nerve stimulation (TENS) unit, Toradol injection for pain, and failed Functional Restoration Program. Diagnostic studies were MRI of the lumbar spine and CT of the abdomen and pelvis. Surgical history was status post lumbosacral fusion with recent hardware removal. Physical examination on 03/10/2014 revealed complaints of low back pain and depression. Examination of the lumbar spine revealed a healed surgical incision, spasm, painful range of motion, as well as limited range of motion. There was a positive Lasgue's on the left, a positive straight leg raise on the left to 60 degrees. Motor weakness on the left was at 4/5. There was pain on the left at the L4-5 and L5-S1. Trigger points were elicited bilaterally. Medications were MS-Contin 60 mg one 3 times a day, Prozac 20 mg one 3 times a day, Ambien 10 mg 1 at bedtime, Klonopin 1 mg one 3 times a day, and Phenergan 25 mg 1 every 6 hours. Treatment plan was for a psych evaluation for a spinal cord stimulator. Also, to take medications as directed. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenergan 25mg/ml 1ml AMP times 25:** 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).

**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 (for opioid nausea).

**Decision rationale:** The Official Disability Guidelines for anti-emetics (for opioid nausea) is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than 4 weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Current research for treatment of nausea and vomiting as related to opioid use primarily addressed the use of anti-emetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Promethazine (Phenergan) is recommended as a sedative and antiemetic in preoperative and postoperative situations. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Development appears to be associated with prolonged treatment and in some cases can be irreversible. The guidelines do not recommend Phenergan as a treatment option. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.