

Case Number:	CM14-0067986		
Date Assigned:	07/14/2014	Date of Injury:	07/24/2009
Decision Date:	10/02/2014	UR Denial Date:	04/25/2014
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 Occupational Medicine 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 patient is a 40-year-old female who has submitted a claim for s/p right lower extremity compartment release, CRPS bilateral lower extremities, and right shoulder impingement syndrome associated with an industrial injury date of 7/24/2009. Medical records from 10/15/2013 up to 3/4/14 were reviewed showing an overall improvement in her symptoms. There is less stiffness and tension throughout her lower leg. She has less painful spasms in the right lower leg as well. However, she is noticing increasing left lower leg symptoms characterized as ongoing prickly sensation and numbness. She still has considerable hypersensitivity to touch or even gripping of the skin of her left lower extremity. The patient had no gastrointestinal complaints. Physical examination of the left lower extremity revealed hypersensitivity to touch over the left dorsal aspect of her foot and ankle. Treatment to date has included Phenergan 25mg, Norco, Percocet, pregabalin, venlafaxine, ketamine compound, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergram Qty 60: 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) Chronic Pain, Anti-emetic for opioid (nausea): Promethazine

Decision rationale: CA MTUS does not address the topic on Promethazine. Per strength of evidence hierarchy established by CA Department of Industrial Relations, Division of Worker's Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Promethazine (Phenergan) 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. In this case, the patient has been taking Phenergan since at least 11/2013. Although the patient recently had an operation, she did not exhibit any symptoms of nausea or vomiting. In addition, the frequency and dosage of the medication was not stated. There is no clear indication for this request. Therefore, the request for Phenergan Qty 60 is not medically necessary.