

Case Number:	CM14-0070874		
Date Assigned:	07/14/2014	Date of Injury:	05/13/1991
Decision Date:	09/10/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/16/2014

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:

Injured worker is a female with date of injury 5/13/1991. Per primary treating physician's progress report dated 4/30/2014 is a hand written note, It reports that the injured worker is doing better with decreasing Norco, averaging 2.5 per day. Sleep is better and there is less daytime drowsiness. Increased range of motion and activities of daily living are better. Bowel movements are still every other day. On examination left leg is more swollen with increased heat outside this week. Diagnosis is repetitive strain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine HCl 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Antiemetics (for opioid nausea).

Decision rationale: The MTUS Guidelines do not address the use of promethazine. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Promethazine is recommended as a sedative and antiemetic in pre-operative and post-

operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. Anticholinergic effects can occur. The request for Promethazine HCl 25 mg is determined to not be medically necessary.