

Case Number:	CM14-0072593		
Date Assigned:	07/16/2014	Date of Injury:	02/08/1999
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas. 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 63 year old female who had a work related injury on 02/08/99. It started when she slipped and fell on all fours, both legs shot up in the air and she landed on all fours. She injured her cervical and lumbar spine and bilateral upper and lower extremities. The most recent medical record submitted for review is dated 04/23/14. The injured worker complained of pain in the neck with radiation to the bilateral shoulders to the left upper extremity with tingling and numbness in her fingers, weakness, and no bladder or bowel incontinence. She also reports low back with radiation along the left lower extremity weakness and falls, she has had fractured left hip, left ankle, left fibula. She reports bladder urgency since last 6 months. She has constipation from pain killers. She reports swelling of the bilateral lower extremities with turning of her left foot externally. Current medications include Flonase, Celexa, Flovent, Oxycodone 15mg tablets, Zyrtec 10mg tablets, Pravastatin 20mg tablets, Lasix 20mg tablets, Norvasc 5mg tablets, Lotensin 20mg tablets, Promethazine 25mg tablets, Lidoderm 5% patch, ProAir, Phenergan Lactulose, Trazodone, Singulair, and Fentanyl patch. Physical examination reveals that the injured worker is severely disabled but a well-groomed female who appears older than her stated age and presents alone. Gait is antalgic. She is using crutches and still has great difficulty with walking. She is not able to toe and heel walk. In her best posture, she has major postural abnormalities and guarding with severe thoracic kyphosis and cervical scoliosis. She is alert and oriented to time, place, and person. Cervical, range of motion of the cervical spine is severely limited in all directions with pain to touch or movement. There is severe scoliosis. She moves slowly in the room with crutches for weight bearing. Left leg is 4+ to the knee, she has erythematous changes to the leg from proximal tibia distally, no active infection. The diagnoses are lumbar disc with radiculitis, cervical disc with radiculitis, cervical post-laminectomy

syndrome, lumbar post-laminectomy syndrome and edema in the lower extremities. Prior utilization review on 05/14/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25 mg #30: 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, Promethazine.

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

Decision rationale: As noted in the Pain Chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Phenergan 25 mg is not medically necessary.