

Case Number:	CM14-0072849		
Date Assigned:	07/16/2014	Date of Injury:	06/08/2003
Decision Date:	09/09/2014	UR Denial Date:	04/14/2014
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, has a subspecialty in Interventional Spine, 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 56-year-old female with a date of injury of 5/8/03. The listed diagnoses per [REDACTED] are left shoulder pain, and depression. According to a progress report dated 2/19/14, the patient continues to complain of left shoulder pain. This patient is status post six left shoulder surgeries with the most recent surgery in 2011. The patient continues with left shoulder and cervical spine pain. The patient does not want further surgery. The patient's medication regimen includes Amrix 15 mg for spasm, bisacodyl delayed-release, cyclobenzaprine 15 mg, Cymbalta 30 mg, escitalopram 20 mg, Lidoderm patches, lorazepam 0.5 mg, OxyContin 10 mg, OxyContin 20 mg, and promethazine 25 mg. Examination of the left shoulder revealed moderately restricted range of motion on the left with tenderness. There was moderate atrophy in the deltoid muscle and infraspinatus muscle. The treating physician states the patient is currently stable on the current medication regimen and has recommended a refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25 mg every 24-36 hours # 135: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workmen's Compensation - Integrated Treatment/Disability Duration Guidelines - Pain (Chronic) - Chapter: Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines on antiemetics for opiates.

Decision rationale: This patient presents with chronic left shoulder pain. The treating physician states that the patient is stable on the current medication regimen and recommends continuation of current medications. The MTUS and ACOEM Guidelines do not discuss Promethazine. However, the Official Disability Guidelines state that Promethazine (Phenergan) is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. It is not recommended as an antiemetic for chronic opiates use. In this case, there were no surgeries and there are no discussion regarding why this medication is being prescribed. The request is not medically necessary.