

Case Number:	CM14-0082639		
Date Assigned:	07/21/2014	Date of Injury:	08/22/2009
Decision Date:	11/24/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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:

This case is a 58 year old with a date of injury on 8/22/2009. A review of the medical records indicate that the patient has been undergoing treatment for degenerative disc disease L3-4, L4-5, low back pain. Subjective complaints (3/5/2014, 4/2/2014) include numbness in left leg, 3/10 pain with medications, 5/10 pain with medications, constipation, "some stomach upset". Objective findings (3/5/2014) include antalgic gait, "incision is nice and clean" and (4/2/2014) decreased range of motion at the waist with tenderness. Treatment has included lumbar decompression surgery (2/2014), Norco, Prilosec, senokot, Phenergan, amitriptyline, Zoloft, and physical therapy. A utilization review dated 5/23/2014 non-certified the following: - Phenergan 25 mg. #60 (DOS: 04/30/2014) due to lack of nausea workup- Prilosec 100 mg. #30 (DOS: 04/30/2014) due to lack of gastrointestinal (GI) symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Phenergan 25 mg. #60 (DOS: 04/30/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Mental Illness & Stress, Promethazine (Phenergan®)

Decision rationale: Phenergan is the brand name version of Promethazine, which is an anti-nausea medication. MTUS is silent specifically regarding promethazine, so other guidelines were utilized. ODG states regarding promethazine, "Not recommended for nausea and vomiting secondary to chronic opioid use." ODG additionally cites another possible indication of use as a sleep aid, when "sedating antihistamines are not recommended for long-term insomnia treatment...Tolerance seems to develop within a few days." Medical records indicate that the Phenergan is used for nausea symptoms and not as a sleep aid. The treating physician indicates that the medication is used "because the overall medications make her nauseous". The treating physician does not describe the symptoms in sufficient details the medical notes or provide any clinical examination or evaluation prior to the date of service. ODG does not recommend this medication for opioid induced nausea. As such, the request for Retrospective Request: Phenergan 25 mg. #60 (DOS: 04/30/2014) is not medically necessary.

Retrospective Request: Prilosec 100 mg. #30 (DOS: 04/30/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs);Gastrointestinal. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or(4) high dose/multiple non-steroidal anti-inflammatory (NSAID) (e.g., NSAID + low-dose ASA)." "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for Retrospective Request: Prilosec 100 mg. #30 (DOS: 04/30/2014) is not medically necessary.