

Case Number:	CM14-0089847		
Date Assigned:	07/23/2014	Date of Injury:	07/20/2004
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation, 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 injured worker is a 52-year-old male who reported an injury on 07/20/2004 due to unspecified mechanism of injury. The injured worker had a history of back pain that radiated to the left leg. The injured worker had a diagnosis of lumbar disc herniation at L3-4 impinging on the right exiting L3 nerve root, disc herniation at L4-5 impinging on the L4 nerve root, and a L5-S1 disc herniation impinging the right L5 nerve root with bilateral radicular symptomology. The MRI of unknown date revealed L3 nerve root, disc herniation at L4-5, L4 nerve root and disc herniation at L5-S1. The MRI also revealed multilevel severe facet arthrosis of the lumbosacral spine. The medication included Norco, Neurontin, Pamelor, Elavil, and Lyrica. The injured worker reported his pain an 8/10 at best, 5/10 with medication, and 10/10 being the worst using the VAS. The objective findings dated 05/22/2014 of the lumbar back revealed limited range of motion with a forward flex of 30 degrees, extension of 5 degrees, straight leg raise low left 80 degrees, positive within 80 degrees. The sensory exam revealed light touch along the left lateral calf and foot, and ambulates with assist of a cane second to a lower left extremity limp. Deep tendon reflexes were 1+ at the knees. Palpation revealed muscle rigidity in the lumbar trunk with loss of lordotic curvature. The treatment plan included medication regimen. Request for epidural injection. Request for Authorization dated 07/23/2014 was submitted within documentation. The rationale for the Phenergan was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Phenergan 25mg #20: 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 (Chronic), Antiemetics (for opioid nausea).

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) anti-emetic.

Decision rationale: The request for 1 prescription of Phenergan 25mg #20 is not medically necessary. The Official Disability Guidelines do not recommend Phenergan. This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Per the guidelines, Phenergan is not recommended. It is only recommended preoperative and postoperative situations. The clinical note did not indicate that the injured worker was a post or preoperative candidate. As such, the request is not medically necessary.