

Case Number:	CM14-0094631		
Date Assigned:	07/25/2014	Date of Injury:	09/27/2007
Decision Date:	09/30/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal 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:

The injured worker is a 34 year old female who is reported to have sustained multiple injuries to her neck and low back as a result of being struck by a falling object on 09/27/07. She has complaints of neck pain, numbness in the right lower extremity, stiffness of the low back and spasms of the low back. She further reports insomnia. She is noted to have undergone epidural steroid injections with mild improvement for approximately 2 weeks. On physical examination, she is noted to have 1+ reflex in the upper extremities and 2+ reflexes in the lower extremities. She is noted to have diminished light touch and sensation in the L5 distribution on the right side. She has decreased lumbar range of motion. The record contains a utilization review determination dated 05/30/14 in which a request for Promethazine 25mg #30 was not medically necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25 mg, QTY: 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 (ODG) Treatment in Workers Compensation (TWC); Online Edition, Chapter: Pain (Chronic), Promethazine (Phenergan).

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, Anti-emetics.

Decision rationale: The submitted clinical records indicate that the injured worker has chronic low back pain and comorbid depression. The record at no time provides any data which suggests that the injured worker has nausea and vomiting associated with medication use. In the absence of documentation of nausea and vomiting associated with a gastritis, there would be no clinical indication for this medication. Therefore, the request for Promethazine 25 mg #30 is not supported as medically necessary.