

Case Number:	CM14-0066231		
Date Assigned:	07/11/2014	Date of Injury:	03/09/2008
Decision Date:	04/20/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

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 53 year old male who sustained an industrial injury on 03/09/08. Initial complaints and diagnoses are not available. Treatments to date include mediations and 2 cortisone injections into his right shoulder. Diagnostic studies include a MRI of the right shoulder. Current complaints include right shoulder pain, low back ache with bilateral lower extremity paresthasias, and right elbow pain radiating to the right hand. In a progress note dated 04/14/14 the treating provider reports the plan of care as an orthopedic evaluation of his right shoulder, and medications including OxyContin, Lyrica, Zoloft, Zantac, and Phenergan. The requested treatment is Phenergan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25 mg TID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Antiemetics (for opioid nausea); Promethazine (Phenergan); Drugs.com-Ranitidine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, phenergan.

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested medication. Per the Physician Desk Reference, the requested medication is indicated in the treatment of nausea and vomiting. The clinical documentation states this is the intended use of the medication and therefore the request is certified.