

Case Number:	CM14-0080727		
Date Assigned:	07/23/2014	Date of Injury:	11/12/1993
Decision Date:	04/15/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] [REDACTED] who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 12, 1993. In a Utilization Review Report dated May 16, 2014, the claims administrator failed to approve a request for Phenergan. The applicant's attorney subsequently appealed. On July 10, 2014, the applicant reported ongoing complaints of migraine headaches. The applicant was using Flexeril, Norco, Elavil, Topamax, Phenergan, and Levoxyl, it was stated. The attending provider stated that Topamax was reducing the frequency and severity of the applicant's migraine headaches. The attending provider nevertheless stated that the applicant was experiencing severe headaches from time to time. The attending provider stated that the applicant needed to employ Phenergan to combat issues with migraine-induced nausea. The attending provider stated that he had reduced the quantity of Phenergan to 30 tablets monthly on the grounds that the applicant's migraines were not better controlled following introduction of Topamax. On June 19, 2014, the attending provider stated that the applicant was not using Phenergan every day. The attending provider stated that the applicant was using Phenergan relatively infrequently for episodic migraine-induced nausea. The attending provider went on to reiterate his request for Phenergan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg #60, with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2011/0201/p271.html> Treatment of Acute Migraine Headache BENJAMIN GILMORE, MD, David Geffen School of Medicine, University of California, Los Angeles, California. MAGDALENA MICHAEL, MD, Mountain Area Health Education Center, Hendersonville, North Carolina Am Fam Physician. 2011 Feb 1; 83(3): 271-280. Other Effective Therapies ANTIEMETICS Evidence supports a role for parenteral antiemetics in acute migraine, independent of their antinausea effects.

Decision rationale: Yes, the request for Phenergan, an antiemetic medication, was medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically address the topic of Phenergan usage, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, the attending provider has posited that intermittent usage of Phenergan has attenuated the applicant's complaints of migraine headache-induced nausea. AAFP notes that antiemetic medications such as Phenergan do have a role in the treatment of acute migraine headaches, independent of their antinausea effect. Here, ongoing, intermittent usage of Phenergan does appear to have effectively attenuated the applicant's issues with nausea associated with breakthrough migraine headaches. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.