MAXIMUS Federal Services

Case Number:	CM15-0003285		
Date Assigned:	01/14/2015	Date of Injury:	11/17/1999
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 45 year old female with an injury date of 11/17/99. As per progress report dated 12/09/14, the patient complains of dull low back pain, rated at 7/10, that radiates to the right lower extremity. The pain is aggravated with activity and is alleviated with medications, rest and stretching. Medications, as per the same progress report, include Ambien, Amlodipine, Clonazepam, Diphenhydramine, Exedrin, Gas x, Lisinopril, Norco, Oxycontin, Pamprin max, Phenergan, Senokot, Soma, Vitamin B12 and chewable multivitamin. Diagnoses, 12/09/14:- Lumbar disc degeneration- Displacement of lumbar intervertebral disc. The utilization review determination being challenged is dated 12/22/14. Treatment reports were provided from 05/21/14 - 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 12.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition, 2014, Pain, 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 and Antiemetics (for opioid nausea)

Decision rationale: The patient presents with dull low back pain, rated at 7/10, that radiates to the right lower extremity, as per progress report dated 12/09/14. The request is for PHENERGAN 12.5 mg # 120. The progress reports do not document the patient's work status but the treater states, in progress report dated 12/09/14, that opioids help with pain and activities of daily living.ODG-TWC guidelines, 'Pain' chapter and Antiemetics (for opioid nausea) state that the medications are "Not recommended for nausea and vomiting secondary to chronic opioid use." Regarding Promethazine (Phenergan): "This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dsykensia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus)."In this case, a prescription for Phenergan was first noted in progress report dated 05/21/14 and the patient has been taking the medication consistently at least since then. In progress report dated 12/09/14, the treater states that the patient denies any nausea or vomiting. However, later in the same report, the treater states that the patient "also has intermittent nausea and this is managed with Phenergan." Nonetheless, ODG guidelines do not recommend antiemetics such as Phenergan to manage nausea and vomiting secondary to chronic opioid use. Hence, the request IS NOT medically necessary.