

Case Number:	CM15-0009765		
Date Assigned:	01/27/2015	Date of Injury:	05/26/2011
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 70 year old male, who sustained an industrial injury on 5/13/11. He has reported back pain. The diagnoses have included lumbar disc disease, spondylosis disc protrusion multilevel lumbar and annular phisher at the lumbar level. Treatment to date has included oral medications, lumbar epidural steroidal injection and physical therapy. Currently, the injured worker complains of lumbosacral pain radiating to lumbar musculature. The injured worker states the pain is relieved moderately with the pain medication. On 12/30/14 Utilization Review non-certified Promethazine with Codeine 120ml, noting the guidelines do not support antiemetics for nausea and vomiting secondary to chronic opioid use. The MTUS, ACOEM Guidelines, was cited. On 1/8/15, the injured worker submitted an application for IMR for review of Promethazine with Codeine 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine with codeine 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine. Decision based on Non-MTUS Citation Pain and Mental Illness & Stress, Promethazine (Phenergan®) and (Tylenol with Codeine®)

Decision rationale: Phenergan is the brand name version of Promethazine, which is an anti-nausea medication. MTUS is silent specifically regarding promethazine, so other guidelines were utilized. ODG states regarding promethazine, "Not recommended for nausea and vomiting secondary to chronic opioid use." ODG additionally cites another possible indication of use as a sleep aid, when "sedating antihistamines are not recommended for long-term insomnia treatment." And "Tolerance seems to develop within a few days." MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." The treating physician has not provided documentation as to why this medication has been requested. The medical documentation provided does not indicate any symptoms or diagnosis that would warrant this medication at this time. As such, the request for Promethazine with codeine 120ml is not medically necessary.