

Case Number:	CM15-0009950		
Date Assigned:	01/30/2015	Date of Injury:	09/17/2011
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50 year old female who sustained a work related injury to the lumbar spine on September 17, 2011. The injured worker was diagnosed with sacroiliac joint pain, lumbar facet joint pain, and lumbar degenerative disc disease. No surgical interventions were documented. According to the primary treating physician's progress report on July 9, 2014 the patient has failed physical therapy, non-steroidal anti-inflammatory drug (NSAID) therapy and conservative measures. The injured worker continues to experience low back pain radiating to the right buttock. Current medications are listed as Norco and Flexeril. Treatment modalities consisted of physical therapy, medication, positive diagnostic right sacroiliac joint injection, and right L4-L5 and L5-S1 facet joint medial branch block. The treating physician requested authorization for Phenergan 25mg #90. On December 31, 2014 the Utilization Review denied certification for Phenergan 25mg #90. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines- Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids, anti-emetics

Decision rationale: Phenergan is FDA approved only for short term use. The request for Norco was approved and the patient states that Norco causes nausea - thus, the request for long term phenergan. However, ODG notes that the nausea and/or emesis from opioid medication is a short term adverse effect that resolves with continued opioid use. Therefore, long term Phenergan is not a recommended treatment and is not medically necessary for this patient.