

Case Number:	CM15-0100795		
Date Assigned:	06/03/2015	Date of Injury:	06/01/2000
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49 year old female who sustained an industrial injury on 6/1/00. The mechanism of injury is unclear. She currently complains of cervical spine pain (6-7/10), burning and dyesthesias in the right upper extremity, weakness and cervicogenic headaches. Physical exam demonstrates muscle spasms, tenderness and trigger point areas in the neck and upper trapezius muscles bilaterally and in the rhomboid muscles as well. There is decreased range of motion in the cervical area. Her functional status fluctuates with activity but with medication she is able to perform her necessary activities of daily living. Medications are Zohydro, methadone, hydromorphone, gabapentin, Cymbalta, Phenergan. Physical exam notes upper extremity sensory and motor deficits (PR-2 4/13/15). Diagnoses include cervicgia with bilateral radiculopathy; extensive myofascial syndrome; carpal tunnel and cubital tunnel syndrome bilaterally; shoulder arthropathy; peritrochanteric bursitis; spinal cord effacement in the cervical spine with neurological findings, status post spinal cord decompression; spinal cord stimulator trial; completed detoxification; completed HELP program; central pain; depression; anxiety; insomnia. Diagnostics include MRI cervical spine showing stenosis and degeneration. In the progress note dated 4/13/15 the treating provider's plan of care includes requests for all medications including Phenergan for nausea.

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 <http://www.drugs.com/pro/promethazine.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Mental Illness & Stress, Promethazine (Phenergan).

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." Medical records indicate that the Phenergan is used for nausea symptoms and not as a sleep aid. ODG does not recommend this medication for opioid induced nausea. As such, the request for Phenergan 25 mg is not medically necessary.