

Case Number:	CM15-0137366		
Date Assigned:	07/27/2015	Date of Injury:	07/01/2009
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old female with a July 1, 2009 date of injury. A progress note dated June 15, 2015 documents subjective complaints (chronic and at times severe headaches that travel in the occipital distribution on the left; ongoing axial cervical pain; bilateral upper extremity radicular pain and paresthesias), objective findings (cervical paraspinal tenderness on the right and left; painful and decreased range of motion of the cervical spine; pain to palpation over the C2 transverse process on the left with pain elicited in the occipital distribution; tightness in the trapezius muscles bilaterally; decreased grip strength bilaterally; positive Tinel's and Phalen's signs; decreased sensation to light touch and pinprick in both hands; right shoulder crepitus with rotation; pain with palpation over the greater tuberosity and subacromial bursa; decreased range of motion of the right shoulder with pain; diminished strength secondary to pain; positive supraspinatus test and impingement sign; weakness of the supraspinatus), and current diagnoses (cervicalgia; cervical radiculitis; other specified idiopathic peripheral neuropathy; pain in joint, other specified sites; temporomandibular joint sounds on opening and/or closing the jaw; carpal tunnel syndrome; lesion of ulnar nerve; other syndrome affecting the cervical region; depression). Treatments to date have included cervical block with minimal relief, medications, rest, activity modifications, home physical therapy, and psychotherapy. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Promethazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Promethazine HCL 25mg #60 for DOS 6/15/2015: Upheld

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

Decision rationale: The MTUS is silent on the use of promethazine. With regard to promethazine, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use." 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 dyskinesia 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). As the injured worker is not pre-operative or post-operative promethazine is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.