

<b>Case Number:</b>	CM15-0138826		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 54-year-old female who sustained an industrial injury on 9/15/05. The mechanism of injury was not documented. Past medical history was positive for hypertension, insomnia, anxiety and depression. Conservative treatment included medications and physical therapy. Records documented that a 4/21/14 right brachial plexus MRI showed significant enlargement and increased signal within several of the right sided nerve roots. This was likely secondary to discogenic disease which was sub-optimally evaluation on this exam. A dedicated cervical MRI was recommended. The 5/20/15 treating physician (pain management) report cited continued right shoulder pain. She reported grade 8/10 pain without medications, and grade 2/10 pain with medications. Medications allowed her to do more things. She denied nausea, vomiting and constipation. She has seen another physician who felt surgery was indicated. Physical exam findings documented cervical spine tenderness with decreased range of motion in all planes. Right shoulder exam documented decreased and painful abduction and flexion. Neurologic exam documented normal mental status. The diagnosis was shoulder region disorder. Prescriptions included Norco 10/325 mg #90, oxycodone 30 mg #150, and Phenergan 25 mg #60 with 3 refills. Authorization was requested for surgery for the neck (unspecified) and Phenergan 25mg #60 with 3 refills. The 6/16/15 utilization review non-certified the request for neck surgery as there were minimal objective findings, no advanced cervical spine imaging for review, and the specific surgical procedure was not provided. The request for Phenergan was non-certified as it was not recommended for nausea and vomiting secondary to chronic opioid use, there were no current complaints of nausea, and surgery was not yet authorized. The 6/19/15 treating physician (pain

management) report indicated that the injured worker was in a lot more pain with severe muscle spasms that deformed and contorted her hands. Subjective findings included grade 8/10 right-sided neck and upper extremity pain with the use of medications. She complained of nausea and constipation. She was noted as a current cigarette smoker. Cervical spine exam documented decreased global range of motion and tenderness. Right shoulder range of motion was decreased and painful in abduction with tenderness over the subacromial space. There was no upper extremity neurologic exam documented. The diagnosis was shoulder disorder and joint pain, and carpal tunnel syndrome. Medications were prescribed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Surgery for Neck, Unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** The California MTUS guidelines state that surgical consideration for the cervical spine is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. Guideline criteria have not been met. This injured worker presents with neck and right shoulder pain. There is detailed evidence of recent physical therapy for the neck and right shoulder, and on-going medication management that have failed to provide sustained improvement. Clinical examinations did not document focal motor or sensory deficits, positive cervical provocative testing, or reflex changes. There was no dedicated cervical spine imaging documented in the available records. There is no specific diagnosis relative to the cervical spine documented. This injured worker is noted to be a current smoker which would be contraindicated with any fusion procedure. Additionally, the surgical procedure being requested is not specified which is required to determine medical necessity. Therefore, this request is not medically necessary.

**Phenergan 25mg quantity 60 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, 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: Antiemetics (for opioid nausea).

**Decision rationale:** The California MTUS guidelines do not provide recommendations for anti-emetics. The Official Disability Guidelines state that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Promethazine (Phenergan) is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Guideline criteria have not been met. This injured worker presents with neck and right shoulder pain managed with chronic opioid therapy. There was no current complaint of nausea at the time of this request. There is no compelling rationale to support the use of this medication, or the significant quantity, for nausea and vomiting secondary to opioid use as an exception to guidelines. The current surgical request has not been certified to support the medical necessity of pre-operative or post-operative use. Therefore, this request is not medically necessary.