MAXIMUS Federal Services

Case Number:	CM15-0139845		
Date Assigned:	07/29/2015	Date of Injury:	10/22/1998
Decision Date:	08/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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 & General Preventive Medicine

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 63 year old female, who sustained an industrial injury on 10-22-1998. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include chronic neck pain, upper extremity pain, status post cervical fusion in 2000, severe depression secondary to chronic pain, and low back pain. Currently, she complained of neck and chronic pain. Pain was rated 10 out of 10 VAS without medication and three out of ten VAS with medication. On 6-25-15, the physical examination documented tenderness around the right upper trapezius region that extends up the cervical spine. The plan of care included a prescription for Phenergan 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Online Edition (2015) Chapter: Pain (Chronic) Promethazine (Phenargan).

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. The treating physician indicates that the medication is used to treat occasional nausea from some of this patient's medications. ODG does not recommend this medication for opioid induced nausea. As such, the request for Phenergan 25mg #60 is not medically necessary.