

Case Number:	CM15-0162355		
Date Assigned:	08/28/2015	Date of Injury:	05/04/2004
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 5-4-04. He reported pain in his neck and upper back. The injured worker was diagnosed as having cervical disc disorder and post cervical laminectomy syndrome. Treatment to date has included a nine level fusion from cervical to lower thoracic spine on 5-16-14, psychiatric treatments, physical therapy ending in 3/2015, acupuncture, an H-wave unit and a home exercise program. Current medications include Citalopram, Norco, Tizanidine, Celebrex, MS Contin, Promethazine tablets since at least 2-23-15 and Promethazine suppository since at least 3-11-15. On 7-9-15 the injured worker rated his neck pain a 6 out of 10. The treating physician increased the MS Contin 15mg from #20 to #30 and restarted Celebrex. As of the PR2 dated 8-6-15, the injured worker reported 5 out of 10 pain with medications and 8 out of 10 pain without medications. Objective findings include tenderness in the thoracic paravertebral muscles. The treating physician deferred a cervical exam because the injured worker is in a hard cervical collar. The treating physician requested Promethazine 12.5mg #30 and Promethazine 25mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 12.5mg tablet one every four to six hours as needed quantity 30: 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, Promethazine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 14.

Decision rationale: Antiemetics such as Promethazine are not recommended for opioid related nausea. It may be used in the per-operative period. In this case, the claimant had been on Promethazine for several months and a yr. Beyond a per-surgery period. The continued use of Promethazine tablets is not medically necessary.

Promethazine 25mg suppository take one every four to six hours as needed quantity 10:
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, Promethazine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 14.

Decision rationale: Anti-emetics such as Promethazine are not recommended for opioid related nausea. It may be used in the per-operative period. In this case, the claimant had been on Promethazine for several months and a year beyond a per surgery period. The continued use of Promethazine suppository is not medically necessary.