

Case Number:	CM15-0167916		
Date Assigned:	09/08/2015	Date of Injury:	02/02/2012
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male with an industrial injury dated 02-02-2012. The injured worker's diagnoses include cervical stenosis with bilateral radiculopathy, compression fracture of C6, C4-C6 degenerative disk disease, impingement left shoulder, and recurrent nausea. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-30-2015, the injured worker reported pain in the cervical spine, left shoulder, numbness and tingling of the left upper extremity, significant headaches, torticollis on the left, and difficulty sleeping. The injured worker reported nausea and vomiting and occasional inability to keep medicine down. Objective findings revealed torticollis to the left, positive Spurling's signs, and tenderness to palpitation throughout the cervical spine musculature. Abdominal exam findings were not included for review. The treatment plan consisted of medication management. The treating physician prescribed Phenergan 25mg #90, now under review.

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 Official Disability Guidelines (ODG); Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Phenergan. <http://www.rxlist.com/phenergan-drug.htm>.

Decision rationale: According to ODG guidelines, Antiemetics (for opioid nausea) not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. 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). There is no controlled studies supporting the chronic use of Phenergan for the treatment of opioid induced nausea and vomiting. There is no evidence that the patient is suffering from acute nausea and vomiting. Therefore, the request for Phenergan 25mg #90 is not medically necessary.