

<b>Case Number:</b>	CM15-0187601		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on February 15, 2008, incurring head, upper back and neck injuries. She was diagnosed with a concussion, traumatic brain injury, cervical degenerative disc disease and cervical spondylosis. Treatment included pain medications, physical therapy and occupational therapy and activity modifications. Currently, the injured worker complained of chronic pain in her head and neck due to the cervical spine injuries and traumatic brain injury. She complained of nausea and vomiting secondary to the use of opioids. She noted relief of headache from the prescribed pain medications. She was noted to be on permanent disability and not working. The treatment plan that was requested for authorization on September 23, 2015, included prescriptions for retrospective Demerol 200 mg (suppositories) #12 on July 14, 2015 and retrospective Phenergan 50 mg (suppositories) #12 on July 14, 2015. On August 25, 2015, a request for a prescription for Demerol suppositories #12 was modified to #11; and a request for a prescription for Phenergan suppositories #12 was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Demerol 200mg (suppositories) QTY 12 DOS: 7/14/2015: 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) Meperidine (Demerol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** Review indicates the request for Demerol was modified for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2008 injury without acute flare, new injury, or progressive neurological deterioration. The Retrospective Demerol 200mg (suppositories) QTY 12 DOS: 7/14/2015 is not medically necessary and appropriate.

**Retrospective Phenergan 50mg (suppositories QTY 12 DOS: 7/14/2015): 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) Online Pain, Antiemetics (for Opioid nausea).

**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; Antiemetics (for opioid nausea), page 773.

**Decision rationale:** Phenergan (Promethazine) is a phenothiazine used to treat or prevent nausea and vomiting. Other labeled use includes nasal congestion, allergic conjunctivitis, allergic rhinitis, and dermatographic urticaria. It has sedative, anti-motion-sickness, anti-emetic, and anti-cholinergic effects. Promethazine may be prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis, none of these indications and diagnoses are industrially related or relevant to this injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from

nausea and vomiting side effects of chronic pain medications. A review of the MTUS Guidelines is silent on its use; however, ODG Guidelines does not recommend treatment of Promethazine for nausea and vomiting secondary to chronic opioid use. The Retrospective Phenergan 50mg suppositories QTY 12 DOS: 7/14/2015 is not medically necessary and appropriate.