

Case Number:	CM15-0190622		
Date Assigned:	10/02/2015	Date of Injury:	09/11/2009
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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 37 year old female who sustained an industrial injury on 09-11-2009. Medical records indicated the worker was treated for lumbar radiculitis, sciatica, lumbago, and lumbar degenerative disease. In the provider notes of 08-26-2015, the injured worker presents for follow-up and medication refill. She complains of pain radiating down the right leg described as sharp, stabbing, dull aching pain rated a 4 on a scale of 0-10 and associated with weakness, numbness, spasms, and stiffness. She also has tingling in her foot and toes, pain aggravated by cold weather and sitting, standing, and lying down for extended periods of time. According to the worker, she gets minimal relief with activity modification, nonsteroidal anti - inflammatory medications and previous conservative therapies. Pain interferes with activities of daily living such as cleaning, dressing, running errands. Objectively, there are paralumbar muscle spasms and bilateral tenderness L3-L4. Sensation is decreased on the right L3-L5 dermatome levels. Current medications (Last listed in the exam notes of 04-22-2015) include Norco, Phenergan, and Zanaflex. The worker was counseled on medications, dosages and dependence. Urine drug screen and narcotic agreement were discussed with the worker. A urine drug screen was ordered. Plans for treatment included discussion of pre-op instructions, counseling on medication compliance and self-medicating. Medication refills were given. A request for authorization was submitted for Phenergan 25mg #60. A utilization review decision 09-14-2015 non-certified the request.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version) 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 Chapter, under Promethazine Pain Chapter, under Antiemetics.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities. The request is for PHENERGAN 25MG #60. Patient is status post microlumbar decompression surgery, 04/06/10. Physical examination to the lumbar spine on 07/29/15 revealed tenderness to palpation the paraspinal muscles with spasm. Per 08/26/15 progress report, patient's diagnosis include lumbar radiculitis, sciatica, lumbago, and lumbar DDD. Patient's medications, per 07/02/15 progress report include Norco and Lyrica. Patient's work status was not specified. ODG Guidelines, Pain Chapter, under Promethazine (Phenergan), states, "Not recommended for nausea and vomiting secondary to chronic opioid use." ODG Guidelines, Pain Chapter, under Antiemetics (for opioid nausea) states: "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). The treater has not specifically addressed this request; no RFA was provided either. Review of the medical records provided did not indicate prior use and it appears that the treater is initiating this medication. In this case, there are no discussions regarding the patient being pre-operative/post-operative or having sleeping problems. The patient has been utilizing opioids (Norco) since at least 07/02/15. If this medication is intended for nausea and vomiting secondary to chronic opioid use, it is not supported by ODG Guidelines. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.