

Case Number:	CM15-0193512		
Date Assigned:	10/07/2015	Date of Injury:	09/22/2006
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on 9-22-06. The injured worker was diagnosed as having disorder of shoulder region not otherwise classified. Treatment to date has included status post right shoulder arthroscopic subacromial decompression (4-9-10); medications. Currently, the PR-2 notes dated 8-17-15 the provider documents the injured worker complains of "his right shoulder and other problems and drug interactions are discussed. He still has right shoulder weakness, pains and cannot reach overhead. Medications do help for pain and he needs a refill. Other problems are dialysis 3 times per week in left arm shunt for kidney failure, diabetes, and cardiac problems with recent procedure. He needs refills for pills for anxiety and pain. He has discussed closing his case. He needs a refill of his pain pill an something for nausea when he takes the pill." He is a status post right shoulder rotator cuff repair with subacromial decompression on 4-9-10 as a result of his industrial injury of 9-22-06. The provider documents "Non-industrial problems include high blood pressure, kidney failure, cardiac problems, (hypertension); lung resection, intercostal neuroma, cervical problems with numbness on the left side of his face. Recent MRI of the brain shows mild cerebral atrophy and a demyelinating process such as multiple sclerosis. He has a history of several falls. Subsequent problems: He also has low back pains and pains down the left leg. He had a fall when trying to sit on the bed and missed it falling to the floor." The provider documents objectives for his claim as "Shoulder: right shoulder with active flexion to 70 and passive flexion of 80 today. External rotation is 50. He has to use his left arm to take his glasses off. He says he cannot touch his nose with his right hand. His right shoulder and arm are weak.

Passive motion is more than active motion. He has weakness and pain with any rotation graded 3 out of 5 for ER. The MRI of right shoulder does show arthritis of the AC joint. The AC joint is intact. There is slight impingement. There is metal artifact. But the MRI of the shoulder shows that the rotator cuff is intact. MRI of the brain shows multiple sclerosis." The provider lists these medications as prescribed by him: "Hydrocodone 7.5-325mg, MiraLax, Ranitidine 150mg and Promethazine 25mg." A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-22-15 and non-certification for Promethazine HCl 25mg #60 with two refills. A request for authorization has been received for Promethazine HCl 25mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine HCl 25mg #60 with two refills: 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) Treatment Index, 13th Edition (web) 2015, Pain, Anti-emetics (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 (Chronic), Anti-emetics (for opioid nausea).

Decision rationale: The claimant sustained a work injury in September 2006 with injury to the right shoulder while he was helping to unload a bin trailer. He underwent an arthroscopic subacromial decompression with labral debridement in April 2010. His past medical history includes diabetes, chronic kidney disease requiring dialysis, hypertension, and he has a history of a lung resection with intercostal neuroma. When seen, he had ongoing right shoulder pain and weakness and was unable to reach overhead. He was requesting a refill of his pain medication and something for nausea occurring when taking that medication. Physical examination findings included decreased shoulder range of motion with weakness and pain. Medications were refilled including hydrocodone/acetaminophen, MiraLax, ranitidine, alprazolam, and promethazine. Antiemetics for opioid induced nausea secondary to chronic opioid use are not recommended. Although nausea and vomiting are common with use of opioids, these side effects tend to diminish over days to weeks with continued exposure. When there is prolonged nausea and vomiting other etiologies of these symptoms should be evaluated for, such as gastroparesis, which primarily occurs 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 and recommendations based on these studies cannot be extrapolated to chronic nonmalignant pain patients. In terms of promethazine (Phenergan), multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia and choreoathetoid movements of the extremities can occur and in some cases can be irreversible. Anticholinergic effects can also occur such as dry mouth, dry eyes, urinary retention and ileus. In this case, the claimant has diabetes and gastroparesis should be further evaluated and treated. Continued prescribing of promethazine is not medically necessary.