

<b>Case Number:</b>	CM15-0021176		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, 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 52 year old male who sustained a work related injury on October 26, 2011, after a fall at work striking his head on a stack of pallets resulting in arm, neck, lower back and shoulder injuries. He complained of left arm numbness and weakness. Treatment included pain medication, injections, electromyogram studies and Magnetic Resonance Imaging (MRI) of the left shoulder revealing a rotator cuff tear of the left shoulder. Magnetic Resonance Imaging (MRI) of the cervical spine showed degenerative disc disease with cervical stenosis. On November 13, 2014, a left shoulder arthroscope, decompression and repair of the rotator cuff tear were performed. On January 22, 2015, a request for one prescription of Phenergan 25mg, #60 and one prescription for Fioricet #180 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenergan 25MG QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Occupational Medicine Practice Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Antiemetics

**Decision rationale:** Regarding the request for Phenergan, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to state that promethazine is approved as a sedative and antiemetic for perioperative use. Within the documentation available for review, there is no indication that promethazine is being used to treat perioperative nausea. Despite the documentation of nausea and abdominal pain, there is no perioperative diagnosis that would warrant the use of Phenergan. In the absence of clarity regarding those issues, the currently requested promethazine (Phenergan) is not medically necessary.

**Fioricet QTY: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics Page(s): 23.

**Decision rationale:** Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. The guidelines further specify that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Fioricet is not medically necessary.