

Case Number:	CM15-0212062		
Date Assigned:	10/30/2015	Date of Injury:	04/09/2010
Decision Date:	12/11/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/28/2015

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 56 year old female who sustained an industrial injury on April 09, 2010. The worker is being treated for: lumbar spine radiculopathy and lumbar degenerative disc disease, hip arthrosis. Subjective: September 11, 2015 she reported complaint of still having severe low back pain, incontinence is worsening; there are persistent headaches as well as ongoing depression. She further complains of aching pain in the right leg, right foot and bilateral shoulders. September 21, 2015 she reported complaint of low back pain, sciatic pain, and needing medications refilled. Objective: September 11, 2015 noted lumbar spine with tenderness from the thoracolumbar spine down to base of pelvis and paralumbar musculature slight tight bilaterally, buttocks are tender. September 21, 2015 noted a positive SLR right at 50 degrees, decreased reflex half right lower extremity Achilles. Medication: May 14, 2105: pantoprazole, Percocet, Gralise, Gabapentin, and Ibuprofen. July 20, 2105: prescribed Phenergan. August 18, 2015: prescribed Nucynta, Percocet, ibuprofen, Gralise, and Phenergan. September 21, 2015: prescribed Nucynta ER, Percocet, Ibuprofen, Gralise, and Phenergan 25mg #30 for complaint of nausea (not denoted within documentation). Treatment: medications, home exercise program, NSAID's, ice application with recommendation for aquatic program treating lumbar spine, both a neurological and urological consultations assessing headaches and incontinence, weight loss and diet. On September 21, 2015 a request was made for Phenergan 25mg #30 that was noncertified by Utilization Review on October 02, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg #30: 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 - 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: Review indicates the request for Phenergan was for nausea; however, this is not denoted within the documentation provided. MTUS Chronic Pain Medical Treatment Guidelines is silent on use of phenergan for chronic pain. No rationale has been submitted for use of anti-histamine medication in the treatment of the claimant's injury complaints. Phenergan (Promethazine) is a phenothiazine used to treat or prevent nausea and vomiting. Other labeled uses include nasal congestion, allergic conjunctivitis, allergic rhinitis, and dermatographic urticaria. It has sedative, anti-motion-sickness, anti-emetic, and anti-cholinergic effects. Phenergan 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 Phenergan for nausea and vomiting secondary to chronic opioid use. The Phenergan 25mg #30 is not medically necessary or appropriate.