

Case Number:	CM15-0217886		
Date Assigned:	11/09/2015	Date of Injury:	05/31/2007
Decision Date:	12/29/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 56 year old male, who sustained an industrial injury on 05-31-2007. The injured worker is noted as disabled and not working as of 09-16-2015. Medical records indicated that the injured worker is undergoing treatment for post laminectomy syndrome, L3-L5 fusion in 2009, ruptured colon secondary to high narcotic dose with total colectomy in 2012, incision hernias with repair, chronic low back pain with radicular symptoms in left lower extremity, chronic nausea, and frequent Clostridium difficile infections with diarrhea. Treatment and diagnostics to date has included lumbar spine surgery, physical therapy, acupuncture, and medications. Recent medications have included Norco (since at least 07-28-2015), Xanax, and Phenergan (since at least 07-06-2015). Subjective data (09-16-2015 and 10-14-2015), included low back pain, abdominal pain, nausea, diarrhea, and depression. Objective findings (10-14-2015) included "no masses or tenderness" on abdominal examination, tenderness in lumbar paraspinal muscles, positive straight leg raise test, and "mildly" antalgic gait. The treating physician noted that the injured worker gets "intermittent abdominal pain and nausea" and "uses Phenergan for that and that has been significantly helpful". The Utilization Review with a decision date of 10-26-2015 non-certified the request for 120 tablets of Phenergan 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25 mg Qty 120 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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 (Chronic), Antiemetics.

Decision rationale: The MTUS is silent on the use of promethazine. With regard to promethazine, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use." 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). While it is noted that the injured worker gets intermittent abdominal pain and nausea, he is not pre-operative or post-operative, and thus promethazine is not recommended. The request is not medically necessary.