

<b>Case Number:</b>	CM15-0040843		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 23 year old female who sustained an industrial injury on 12/24/12 involving her low back experiencing immediate onset of severe pain. She currently complains of back pain, pain into her right and left legs with numbness in the right leg and weakness. She fell and went to the emergency department in early 1/15, prompting another MRI of the lumbar spine. She has fallen several times prior to this incident. Her neurosurgeon reports she is not a surgical candidate because of her age. She is now wheelchair bound. She is currently on Norco and requesting an increase in the medication. In addition she takes Miralax, ibuprofen and famotidine. Her pain intensity is 9-10/10. Activities of daily living are limited due to pain. Diagnoses include chronic sprain/ strain of the lumbar spine with left leg sciatica; positive neurodiagnostic testing into the left leg; 4-5 millimeter disc protrusion of lower two levels of the lumbar spine; left ankle sprain; left wrist contusion; L4-5 and L5-S1 disc degeneration/annular tear and left leg radiculopathy with weakness. Treatments to date include epidural steroid injection to the lumbar spine on 1/6/14 and 2/3/14; physical therapy and transcutaneous electrical nerve stimulator unit. Diagnostics include MRI of the lumbar spine indicating disc protrusions (12/20/13 and 12/26/14); computed tomography of the lumbar spine (12/25/12); electromyography/ nerve conduction study (7/9/13). In the progress note dated 1/27/15 the treating provider's plan of care includes increasing Norco; recommended another neurosurgical opinion and ant-nausea medication. In the note dated 2/4/15 the treating provider's treatment plan includes increasing the injured workers Soma, for muscle spasms and promethazine for nausea.

On 2/26/15 the injured worker asked for another increase in her pain medication. Her pain medication has more than tripled since 6/14 per progress note.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Promethazine liquid 6oz.:** 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 ODG- pain chapter and antiemetics pg 14.

**Decision rationale:** According to the guidelines, Promethazine is indicated for pre/post-op nausea. It is not indicated for opioid related nausea. In this case, there was no plan for surgery and the most recent progress notes advised against surgery. The request for Promethazine is not medically necessary.