

<b>Case Number:</b>	CM15-0050547		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 37-year-old female, who sustained an industrial injury on 9/11/2009. She reported a slip and fall. The injured worker was diagnosed as status post lumbar laminectomy and micro-lumbar decompression. There is no record of a recent diagnostic study. Treatment has included physical therapy, facet injections and medication management. Currently, the injured worker complains of severe right low back pain that radiated to the buttocks and groin. In a progress note dated 1/23/2015, the treating physician is requesting Phenergan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenergan 25mg #60:** 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 Chapter.

**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) Chapter, Antiemetics (for opioid nausea).

**Decision rationale:** The injured worker sustained a work related injury on 9/11/2009. The medical records provided indicate the diagnosis of status post lumbar laminectomy and micro-lumbar decompression. Treatments have included physical therapy, facet injections and medication management. The medical records provided for review do not indicate a medical necessity for Phenergan 25mg #60. The records indicate the injured worker is using this for control of nausea and vomiting related to chronic opioid use. The MTUS is silent on it but the official Disability Guidelines recommends against the use of Antiemetic for chronic opioid use. Therefore, the request is not medically necessary.