

Case Number:	CM15-0055860		
Date Assigned:	04/01/2015	Date of Injury:	06/11/1995
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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: 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 55-year-old female who sustained an industrial injury on June 11, 1995. She has reported neck and back pain and has been diagnosed with facet arthropathy cervical, degenerated disc disease cervical, degenerated disc disease, lumbar, cervicgia, brachial neuritis or radiculitis not otherwise specified, and displacement cervical intervertebral disc without myelopathy. Treatment has included medications, injections, surgery, activity modification, physical therapy, massage, ice, and stress management. Currently the injured worker complains of chronic severe neck/back pain. The treatment request included promethazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine HCL 25mg #90 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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).

Decision rationale: The MTUS Guidelines do not address the use of promethazine. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Promethazine 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 and anticholinergic effects can occur. The injured worker had surgery on 1/9/2015, and per the medical report on 3/5/2015, the injured worker's post-operative nausea is improved with the use of promethazine. Utilization modified this request, recommending 30 tablets with no refills to allow for weaning. The chronic use of promethazine is not consistent with the recommendations of the ODG. The request for Promethazine HCL 25mg #90 x 1 refill is determined to NOT be medically necessary.