

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0080649 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 03/09/2004 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: North Carolina
 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 57-year-old female who sustained an industrial injury on 03/09/04. Initial complaints and diagnoses are not available. Treatments to date include multiple back surgeries as well as bilateral carpal tunnel release. Diagnostic studies include MRIs of the neck, and x-rays of the neck. Current complaints include neck pain. Current diagnose include back disorder, chronic pain due to trauma, facet joint osteoarthritis, spinal fusion, COAT, myalgia and myositis, muscle spasms, failed back surgery syndrome, and cervical degenerative disc disease. In a progress note dated 03/24/15, the treating provider reports the plan of care as medications, including Prilosec, Tizanidine, Norco, MS Contin, and promethazine. The requested treatment is promethazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25 mg #90 1 refill: Overturned

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 chapter: Promethazine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, phenergan.

Decision rationale: The ACOEM California MTUS and ODG do not specifically address the requested medication. Per the physician desk reference the medication is indicated in the treatment of nausea. The medication has been prescribed for this indication and therefore the request is certified.