

Case Number:	CM15-0081585		
Date Assigned:	05/04/2015	Date of Injury:	08/24/1998
Decision Date:	06/12/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 08/24/1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having failed lumbar back syndrome, muscle spasm, lumbar spine radiculopathy, and failed cervical back syndrome. Treatment to date has included laboratory studies, magnetic resonance imaging of the cervical spine; medication regimen, status post cervical spine surgery, and status post multiple back surgeries. In a progress note dated 03/30/2015 the treating physician reports complaints of back and neck pain with partial relief from medication regimen, but continued complaints of gastrointestinal upset secondary to Tramadol. The pain is rated a six on a scale of zero to ten. The treating physician requested the medication of Promethazine 25mg with a quantity of 60 with one refill with the treating physician noting that the injured worker takes this medication occasionally for gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg #60 tablets with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 68th Edition, 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Tramadol is not indicated for chronic use, particularly with associated GI symptoms. MTUS support discontinuing opioid use when such complications of an opioid arise. Promethazine is an anti-emetic agent intended for short-term use; it is inappropriate for ongoing use given risks of complications including irreversible neuroleptic malignant syndrome if used on a chronic basis. Thus, Promethazine is not indicated to treat GI complications of Tramadol on an ongoing basis. This request is not medically necessary.