

Case Number:	CM15-0086295		
Date Assigned:	05/08/2015	Date of Injury:	07/31/1999
Decision Date:	06/23/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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 44 year old female, who sustained an industrial injury on 7/31/1999. She reported low back and right knee pain. The injured worker was diagnosed as having history of right knee pain with patellar realignment arthroscopically, chronic back pain, lumbar spine degenerative joint disease and facet arthrosis, cervical sprain/strain and disc herniation, history of abdominal pain, history of gastric bypass surgery with weight loss, B12 deficiency, iron-deficiency anemia, constipation, nausea, and stomach cramps, and history of gastroesophageal reflux disease. Treatment to date has included medications, and magnetic resonance imaging. The request is for Phenergan. On 10/23/2014, she complained of worsening back pain with radiation into the right leg and knee. She indicated she cannot function without pain medications. She reported having severe stomach cramps for which she is scheduled to see her bariatric surgeon. She is prescribed Dexilant for stomach cramps. The treatment plan included: Synvisc injections, pain consultation, medial branch blocks, radiofrequency ablation, and electro diagnostic studies. On 12/9/2014, she reported ongoing back and right knee pain. She rated her back pain as 4/10 with medications and 10/10 without medications. Physical findings indicated a soft abdomen, that is non-tender, non-distended and has positive bowel sounds. On 3/10/2015, she continued with back and knee pain. The treatment plan continued to include: Phenergan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 50mg #45: 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 Chapter, Antiemetics (for opioid nausea).

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. The request for Phenergan 50mg #45 is determined to not be medically necessary.