

Case Number:	CM14-0108426		
Date Assigned:	08/01/2014	Date of Injury:	01/14/2004
Decision Date:	09/11/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of January 14, 2004. The applicant has been treated with the following: Analgesic medications, attorney representation, epidural steroid injection therapy, a cane, and transfer of care to and from various providers in various specialties. In a utilization review report dated June 13, 2014, the claims administrator apparently failed to approve a request for Phenergan. The applicant's attorney subsequently appealed. In a June 23, 2014 appeal letter, the applicant was described as having multifocal low back, knee, and ankle pain. The applicant is status post epidural steroid injection therapy and status post left and right replacements, it was acknowledged. The applicant has a history of reflux and nausea, it was stated. The attending provider suggests that the applicant had opioid-induced nausea for which Promethazine was being employed. Sixty (60) tablets of the same were therefore sought. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg 60 Tablets: 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) Treatment for Workers' Compensation, Online Edition Chapter: Pain (Chronic) Promethazine (Phenergan) See Antiemetics (for opioid nausea).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Phenergan - FDA Home Page www.accessdata.fda.gov/drugsatfda.../labe... Food and Drug Administration.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some medical evidence to support such usage. The Food and Drug Administration (FDA) notes that Phenergan is indicated in the treatment of allergic rhinitis either perennial or seasonal, allergic reactions, anaphylactic reactions, for preoperative sedation purposes, for obstetric sedation purposes, for nausea, for motion sickness, and/or for antiemetic therapy in postoperative patients. In this case, however, the attending provider is apparently seeking to employ Phenergan on a long term, chronic basis for treatment of opioid-induced nausea, as suggested by the 60-tablet supply being sought here. This is not an FDA approved purpose for ongoing usage of Promethazine (Phenergan). The attending provider did not pre-offer any compelling applicant-specific rationale, which would offset the unfavorable FDA position on usage of Phenergan to combat issues with opioid induced nausea. Therefore, the request for Promethazine 25mg, Quantity 60 tablets is not medically necessary and appropriate.