

<b>Case Number:</b>	CM14-0110161		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/07/1989
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Internal 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 injured worker is a 65 year old female who had a work related injury on 11/07/89 when she fell down some stairs. The most recent document dated 01/23/14 the injured worker is taking all of her same medication which she indicates helps with her pain. She has had no new injuries. Since the last visit, the injured worker has seen a doctor at [REDACTED] and has had 2 Cortisone injections on both sides of the lower back. She is not attending physical therapy. She is not working. Neck is continued pain that radiates down between the shoulder blades. She indicates there is catching and locking with the pain radiating up to the left ear. Low back pain has been keeping her awake at night. The pain is mostly on the right side of the lower back that radiates down the sides of the legs to the feet. The right knee has been good. Motrin has been helping. Stairs aggravate the knee. The right foot has no pain at this time. The right shoulder has occasional cramping pain with lifting above the shoulder. The right elbow has no pain. Objective findings, tender over the upper trapezius, levator scapula, and rhomboids bilaterally. The diagnoses are internal derangement of the right knee, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, internal derangement of the right shoulder, tendonitis of the right shoulder, displaced fracture based at the 5th metatarsal of the right foot, abrasion of the right elbow, musculoligamentous sprain of the cervical spine with right upper extremity radiculitis, status post rotator cuff repair and bursectomy June 2010, osteoarthritis of the right knee, and articular fracture DIP joint right great toe. The current medication is Tramadol, Ibuprofen, Methocarbamol, Flexeril, Salon PAS, and Pepcid. Prior utilization review on 06/17/14 was non-certified. There is no documentation on why the injured worker would be taking a medication for constipation as well as for nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 24 mcg one (1) bid #100 with 3 refills, 24 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The request for Amitiza 24 mcg one (1) bid #100 with 3 refills, 24 months is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation on why the injured worker would be taking a medication for constipation; as such medically necessity has not been established.

**Promethazine 10 mg #100 with 3 refills, 24 months:** 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.

**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 request for Promethazine 10 mg #100 with 3 refills, 24 months is not medically necessary. The clinical information submitted for review does not support the request. There is no documentation on why the injured worker would be taking a medication for nausea. Guidelines, it 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. Therefore medical necessity has not been established.