

Case Number:	CM14-0182462		
Date Assigned:	11/07/2014	Date of Injury:	03/17/2006
Decision Date:	12/16/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family 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:

This injured worker's date of injury is 03/17/2006. This patient receives treatment for complex regional pain syndrome of the left lower extremity, which developed after a work-related knee injury. Documentation regarding the original injury was not provided. The patient's surgical history includes arthroscopic medial meniscectomy on the left knee. The patient has been treated with oral steroids, Cymbalta, Percocet, Nucynta, Lidoderm patches, Prilosec, gabapentin, ibuprofen, amitriptyline, and promethazine. The patient is opioid dependent. On exam the patient experiences sensitivity to light touch and exhibits an antalgic gait. The patient also received spinal cord stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25 MG #30 with 1 Refill: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Approach to the adult with nausea and vomiting, by George Longstreth, MD, UpToDate.com

Decision rationale: The treating physician states that the promethazine is being used to treat the patient's nausea. The etiology of the nausea is not documented. The patient takes NSAIDS and oral opioids, which may cause nausea, alone or in combination. Promethazine is not medically indicated for the long-term management of non-specific nausea. Therefore the request is not medically necessary.

Cymbalta DR 20 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The treating physician states he prescribes the Cymbalta to treat the patient's neuropathy and to help treat her mood problem. The patient is now "more engaged, less snappy, and overall is happier." While the documentation hints that the treatment is for major depression, this diagnosis does not appear. Duloxetine is medically indicated for diabetic neuropathy, which this patient does not have. Based on the documentation, Cymbalta is not medically necessary.