

Case Number:	CM14-0215246		
Date Assigned:	01/02/2015	Date of Injury:	05/17/1993
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 72 year old female, who sustained an industrial injury on 5/17/1993. The diagnoses have included bilateral sacroiliac joint dysfunction, bilateral lower extremity radiculopathy, and lumbar arthrodesis with residual neuropathic pain and flexion contractures. Surgical procedures included bilateral sacroiliac joint fusion with internal fixation and decompression bilaterally. Treatment to date has included medications, diagnostics, surgery and physical therapy. Currently, the injured worker complains of back pain and lower extremity weakness status post multiple lumbar surgeries. She also complains of right sided buttock pain and numbness left leg and thigh radiating down left leg. Physical exam revealed restricted range of motion in the lumbar spine and inability to maintain a neutral position with antalgic gait. There was discussion of a spinal cord stimulator. The utilization review cited documentation on 12/2/14 that the injured worker was seen for first post operative visit since implantation of spinal cord stimulator on 11/19/14. The injured worker had used Dilaudid in the past along with an antiemetic. She was using Dilaudid recently along with Zofran but the Zofran put her to sleep. The anti-emetic was changed to promethazine for the nausea associated with Dilaudid during this post operative period. On 12/18/14 Utilization Review non-certified a request for 1 prescription of Promethazine #90, noting the guidelines do not recommend the use of this medication for nausea and vomiting secondary to opioid use. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Promethazine #90: Overturned

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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain: Antiemetics (for opioid nausea)

Decision rationale: The California MTUS do not provide recommendations for antiemetic medications. The Official Disability Guidelines support the use of Promethazine (Phenergan) as a sedative and antiemetic in post-operative situations. Guidelines generally do not recommend anti-emetics for nausea and vomiting secondary to chronic opioid use. Guideline criteria have been met for the short term use of Promethazine for post-operative use following spinal cord stimulator implantation. Therefore, this request for Promethazine #90 is medically necessary.