

<b>Case Number:</b>	CM14-0218980		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/07/1995
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 61 a year old female, who sustained an industrial injury on 9/7/1995. She reported left leg pain. The injured worker also has a medical history of rheumatoid arthritis and diabetes mellitus. Treatment to date has included steroid injections, medication management, ankle brace, rolling walker and 18 sessions of physical therapy. Surgery was performed in 2012 for an ankle fracture and a left knee arthroscopy for a medial meniscus tear on 9/8/2014. Diagnoses include osteoarthritis of the left knee, rheumatoid arthritis, limb pain, ankle injury, diabetes mellitus and osteoarthritis of the knee. Currently, the Injured Worker complains of left knee medial and inferior pain with swelling from bursitis and left ankle pain with limited motion. The treatment plan did not give a rationale for the prescription of Phenergan with codeine. On 12/12/2014 Utilization Review non-certified a one prescription of Phenergan with codeine 10mg/6.25mg #14, noting the lack of medical necessity, the Official Disability Guidelines were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of one prescription of Phenergan with codeine 10mg/6.25mg #14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenergan with codeine 10mg -6.25 #14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use, Page(s): 76-85, 88-89.

**Decision rationale:** This 61 year old female has complained of left leg pain since date of injury 9/7/1995. She has been treated with physical therapy, steroid injection, left ankle surgery, left knee surgery and medications to include opiods since at least 03/2012. The current request is for Phenergan with codeine. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Phenergan with codeine is not indicated as medically necessary.