

Case Number:	CM14-0086740		
Date Assigned:	07/23/2014	Date of Injury:	06/16/2004
Decision Date:	06/02/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/10/2014

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 06/18/2004. He has reported subsequent low back pain and was diagnosed with mild disc desiccation at L3-L4 and L5-S1, spondylolisthesis of L3-L4, moderate to severe disc collapse of L5-S1 and status post lateral fusion of L3-L4. Treatment to date has included oral pain medication, spinal cord stimulator placement and surgery. In a progress note dated 04/29/2014, the injured worker complained of low back, buttock and thigh pain, continued weakness in the legs, dizziness, nausea and pain near the kidneys. No specific objective examination findings were documented. A request for authorization of Phenergan due to reported nausea and dizziness and lab work to check kidney function was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Phenergan 25mg, #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Phenergan: Anti-Emetics for chronic nausea from opioid use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain and antiemetics pg 14.

Decision rationale: According to the guidelines, anti-emetics are not indicated opioid use. In this case, the claimant did not require to for post-op use or chemotherapy. The Phenergan was used for months for nausea due to MS Contin. The continued use of Phenergan is not medically necessary.

One lab work for kidney function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Espoguia Group. Clinical guidelines for patients with spondyloarthritis. Madrid: Spanish Society of Rheumatology; 2010. 289 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, opioids Page(s): 67,82-92.

Decision rationale: According to the guidelines renal function may be monitored for those with risk of renal disease and on NSAIDS. In this case, the claimant was on opioids which are metabolized by the liver. The request for renal function is not justified and not medically necessary.