

Case Number:	CM15-0101618		
Date Assigned:	06/04/2015	Date of Injury:	05/31/2007
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on 05/31/2007. Initial complaints and diagnosis were not clearly documented. The diagnoses have included post laminectomy syndrome, L3 through L5 fusion in 2009, rupture colon secondary to high narcotic dose with total colectomy in 2012, incisional hernias x2 with repair, chronic low back pain with radicular symptoms in the left lower extremity, chronic nausea and frequent C. difficile infections with diarrhea. Comorbid conditions includes esophagel reflux, peptic ulcer disease and obesity (BMI 31.5). Treatment to date has included psychotherapy, laboratory studies, injections and medication Tramadol extended release, phenergan and Lexapro. On provider visit dated 05/06/2015 the injured worker has reported low back, extremity and abdominal symptoms. He complains of intermittent diarrhea and abdominal pan. On examination there was noted tenderness in the paraspinal muscles of the lower lumbar spine, range of motion is moderately decreased in both flexion and extension. Abdomen was noted to have mild tenderness in the right mid quadrant. No rebound or guarding note. Sensation was noted to be decreased in the bilateral legs, worse on the left. The injured worker was noted to have been previous on Motrin, Gabapentin and Lyrica and Cymbalta. The provider requested phenergan 25mg, #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg, #30 with 3 refills: 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), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Mental Illness & Stress, Promethazine (Phenergan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information: Promethazine. http://www.accessdata.fda.gov/drugsatfda_docs/label/2004/07935s0301bl.pdf.

Decision rationale: Promethazine (Phenergan) is a neuroleptic medication with strong sedative and weak antipsychotic effects indicated to reduce nervousness, restlessness and agitation caused by psychiatric conditions. It is available in many countries under many brand names. However, it also has antihistaminic, antiemetic and anticholinergic properties. Because of these properties it is also indicated for use for motion sickness, urticaria, allergic rhinitis and post-narcotic nausea. There are no clinical practice guidelines that direct use of this therapy for chronic nausea. The medical records available for review do not describe how the providers arrived at this diagnosis, what other therapy has been done to treat this disorder nor any mention that the nausea is a result of the patient's narcotic therapy. The provider's notes do document that Phenergan therapy is effective at controlling the nausea symptoms. Since the medication is effective, the patient hasn't complained of side effects from this treatment and there are no guidelines to direct otherwise, continued use of this medication is not contraindicated. Medical necessity for use of this medication has been established.