

Case Number:	CM15-0106106		
Date Assigned:	06/10/2015	Date of Injury:	07/01/2009
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, New York, 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 applicant is a represented 45-year-old who has filed a claim for chronic neck, jaw, and face pain reportedly associated with an industrial injury of July 1, 2009. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for promethazine (Phenergan). The claims administrator referenced a May 15, 2015 RFA form and associated progress note of May 8, 2015 in its determination. The applicant's attorney subsequently appealed. On May 8, 2015, the applicant reported ongoing complaints of axial neck pain and at times severe occipital headaches. The applicant was given diagnoses of cervicgia, cervical disk bulge, idiopathic peripheral neuropathy, TMJ, carpal tunnel syndrome, ulnar neuropathy, and depression. 8/10 pain complaints were noted. Norco, Phenergan, Terocin, Indocin, and permanent work restrictions were endorsed. The applicant was asked to discontinue Indocin and Motrin owing to reported side effects. It was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. It was not clearly stated for what issue, diagnosis, and/or purpose promethazine was being employed. In an appeal letter dated May 20, 2015, the treating provider stated that promethazine was being endorsed to combat issues with Norco-induced nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Promethazine HCL 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration, Phenergan (promethazine HCl).

Decision rationale: The request for Promethazine (Phenergan) was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Phenergan is indicated in the treatment of allergic rhinitis, vasomotor rhinitis, allergic conjunctivitis, allergic skin manifestation of urticaria and angioedema, dermographism, anaphylactic reactions, preoperative, postoperative, or obstetric sedation purposes, to control of nausea and/or vomiting associated with some types of analgesia and/or surgery, motion sickness, etc. Here, however, the attending provider stated that he was intent on employing promethazine (Phenergan) for a non-FDA labeled role, i.e., for Norco-induced nausea. The attending provider did not, however, furnish a compelling rationale or medical evidence so as to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.