

Case Number:	CM15-0017992		
Date Assigned:	02/05/2015	Date of Injury:	03/16/2009
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 3/16/2009. The diagnoses have included status post osteomyelitis left os calcus, foot pain and muscle spasm. Treatment to date has included a functional restoration program, injections to the left foot and pain medications. Surgical history includes multiple surgeries to the left foot/ankle, endoscopic plantar fascial release and implantation of a spinal cord stimulator. According to the Primary Treating Physician's Progress Report dated 1/8/2015, the injured worker complained of left foot pain. Pain level had increased since the last visit. Pain with medications was rated as 6/10; pain without medications was rated 9/10. Quality of sleep was poor. Current medications included Promethazine, Norco, Zanaflex, Lidocaine ointment and Lexapro. Physical exam revealed that the injured worker appeared anxious, depressed, fatigued and in severe pain. He had a slow, antalgic gait, assisted by a cane. Tenderness was noted over the sacroiliac spine. Tenderness was noted over the left ankle, left heel and midfoot. Treatment plan included Promethazine for nausea secondary to pain medication. A prescription was given for Skelaxin. On 1/15/2015, Utilization Review (UR) non-certified a request for Promethazine 25mg #15. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. 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 section, Antiemetics

Decision rationale: Pursuant to the Official Disability Guidelines, Promethazine 25 mg #15 is not medically necessary. Promethazine is a phenothiazine. It is recommended as a sedative and antiemetic in preoperative and postoperative situations. There are multiple central nervous system side effects in addition to tardive dyskinesia. Antiemetics are not recommended for nausea and vomiting secondary to chronic opiate use. In this case, the injured worker's working diagnoses are foot pain; and spasm of muscle. There is no documentation in the medical record indicating the injured worker is pre-operative or postoperative or undergoing any upcoming surgery. Moreover, the guidelines do not recommend promethazine for opiate induced nausea. Consequently, absent clinical documentation with the clinical indication or rationale for Promethazine, Promethazine 25 mg #15 is not medically necessary.