

Case Number:	CM15-0174487		
Date Assigned:	09/16/2015	Date of Injury:	10/15/1997
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 55 year old female, who sustained an industrial injury on October 15, 1997. The injured worker was diagnosed as having cervicgia (cervical pain) and lumbago (low back pain). Medical records (March 31, 2015 to June 1, 2015) indicate ongoing neck, left arm and wrist, knee, and low back pain. She has nausea without vomiting. She has the beginning of liver failure. She is not taking any medication. Her pain was rated 5-8 out 10 without medication. The physical exam (March 31, 2015 to June 1, 2015) reveals no abdominal tenderness and normal bowel sounds. There is tenderness of the cervical and lumbar spine with decreased flexion, extension, and bilateral lateral bending. There is bilateral knee scars with bilateral positive patellar grind and McMurray's tests, and tenderness at the bilateral calcaneus and talus. On July 29, 2015, the injured worker reported issues with falling, dropping things, and liver failure. Her pain was rated 5 out of 10 with medication and 8 out of 10 without medication. She has nausea without vomiting. Her current medication includes Phenergan 25mg/ml injection solution and Toradol 60mg/2ml. The physical exam reveals no abdominal tenderness and normal bowel sounds. There is tenderness of the cervical and lumbar spine with decreased flexion, extension, and bilateral lateral bending. Treatment has included chiropractic therapy, psychotherapy, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including pain, muscle relaxant, antiemetic, antianxiety, and proton pump inhibitor. The injured worker's work status is permanently disabled. On August 18, 2015, the requested treatments included Phenergan 25mg/ml injection solution, Toradol 60mg/2ml, and a MRI of the lumbar

spine. On August 25, 2015, the original utilization review non-certified requests Phenergan 25mg/ml injection solution, Toradol 60mg/2ml, and a MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg/ml injection solution: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Promethazine; Anti Emetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/antiemetics.

Decision rationale: According to ODG, Promethazine (Phenergan) "is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus)." In this case, the medical records do not establish that the injured worker is pre or post operative status to support this medication. The request for Phenergan 25mg/ml injection solution is not medically necessary and appropriate.

Toradol 60mg/2ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. In this case, the injured worker is far into the chronic phase of injury the medical records do not establish an exacerbation to support the request for a Toradol injection. The request for Toradol 60mg/2ml is not medically necessary and appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the CA MTUS ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. In this case, the medical records do not establish evidence of neurologic deficits or red flags to support the request for advanced imaging studies. The request for MRI of the lumbar spine is not medically necessary and appropriate.