

Case Number:	CM15-0175293		
Date Assigned:	09/16/2015	Date of Injury:	03/29/2011
Decision Date:	10/23/2015	UR Denial Date:	08/21/2015
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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 64 year old male, who sustained an industrial injury on March 29, 2011. The injured worker was diagnosed as having cervicalgia with myeloradiculopathy status post C1 (cervical 1) laminectomy and C3-T1 (cervical 3-thoracic 1) laminectomies and fusion with fixation from C3-T1 with previous anterior cervical fusion at C4-6 (cervical 4-6) and chronic low back pain with previous lumbar laminectomy with postoperative infection. On July 1, 2015, the injured worker reported nausea and inability to eat due to pain after running out of his pain medication 2 weeks prior. He was seen an emergency room the prior night for his reported ongoing neck and low back pain with no change in his chronic upper and lower extremity weakness. Per the treating physician, lab studies revealed normal white blood cell count, platelet count, hematocrit, and electrolytes. The physical exam (July 1, 2015) revealed a well-healed cervical incision with mild pain upon palpation, mild pain upon palpation of the lumbar spine, and unchanged strength in the upper extremities with grip, finger abduction, and extension weakness, right greater than the left, which was chronic. There was neck pain with proximal upper extremities testing and normal strength in the bilateral lower extremities with pain upon testing. Diagnostic studies to date have included MRI, CT, x-rays, and electrodiagnostic studies. Surgeries to date have included C1 laminectomy and C3-T1 laminectomies and fusion with fixation from C3-T1 on December 11, 2014 and placement of a titanium rod at C4-6 in 2009. Treatment has included at least 9 sessions of postoperative physical therapy, a soft neck collar, a cane, a home exercise program, and medications including long-acting oral pain (Oxycontin),

topical pain (Lidocaine gel), antiemetic (Phenergan), and muscle relaxant (Valium). The requested treatments included Phenergan 25mg every 8 hours as needed for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Phenergan 25mg #30 every 8 hrs as needed for nausea (DOS: 7/1/2015):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain; Anti emetics (for opioid nausea).

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

Decision rationale: According to the ODG, promethazine is not recommended for nausea and vomiting secondary to chronic opioid use and is only recommended for preoperative and post-operative use. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.