

Case Number:	CM15-0063957		
Date Assigned:	04/09/2015	Date of Injury:	12/21/1971
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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 65-year-old male who sustained an industrial injury on December 21, 1971. The injured worker was diagnosed with chronic pain due to trauma, left disc displacement, intervertebral disc disorder with myelopathy lumbar region and insomnia. The injured worker underwent multiple spinal surgeries with reconstruction, laminectomies, and hardware removal with re ops. The last surgery was in March 2009 with a posterior revision T5-S1 spinal fusion. Treatment to date has included diagnostic testing, surgery and pain management. According to the primary treating physician's progress report on February 23, 2015, the injured worker continues to experience increasing low back pain that has become intolerable recently and has increased 20/10 on the pain scale in spite of his medications. Examination noted the left leg rotated more laterally with increased numbness. Gait is antalgic and uses a cane for ambulation. The injured worker was given Valium 10mg for spasms at the office visit. Current medications are listed as Dilaudid 2mg 2-3 tabs every 3-4 hours, Valium, Zolpidem, Docusate, Lomotil, Promethazine and Omeprazole. Treatment plan consists of replacement foam insert for zero-gravity chair and continue medications as prescribed and the current request for Promethazine for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25 mg tablet, one three times per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Antiemetics (for opioids 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 Section, Promethazine and Other Medical Treatment Guidelines <http://www.drugs.com/cdi/phenergan.html>.

Decision rationale: Pursuant to the Official Disability Guidelines, Promethazine 25 mg tablets one PO TID is not medically necessary. Promethazine is not recommended for nausea and vomiting secondary to chronic opiate use. Promethazine is used to relieve allergy symptoms and prevent nausea and vomiting during and after surgery. For additional details, see the attached link. In this case, the injured workers working diagnoses are chronic pain due to trauma; lumbar disc displacement; inter-vertebral disc disorder with myelopathy lumbar region; and insomnia. The earliest progress note in the medical record is dated September 23, 2014. Date of injury is December 21, 1971 (43 years prior). The injured worker takes Dilaudid 2 mg 2 to 3 tablets every three hours. A progress note dated February 23, 2015 shows the injured worker is taking the same opiates and promethazine for nausea. Promethazine was prescribed by the treating physician for nausea secondary to opiate abuse. The guidelines do not recommend promethazine for nausea and vomiting secondary to chronic opiate abuse. Consequently, absent guideline recommendations for Promethazine, Promethazine 25 mg tablets one PO TID is not medically necessary.