

<b>Case Number:</b>	CM15-0074786		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	07/19/1996
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61-year-old male, who sustained an industrial injury on 07/19/1996. He complained of bilateral knee injuries as a result a fall. On provider visit dated 03/12/2015 the injured worker has reported severe pain without medication. On examination, he was noted to have slow transfer from sitting to standing, slow gait and limited flexion of left knee. The diagnoses have included chronic bilateral knee pain with total knee replacement of left 02/05/2014, status post right knee arthroscopic surgery 04/2008, status post synovectomy on 07/30/2013 and status post right shoulder surgery for acromioplasty, Mumford and SLAP repair 2005. Treatment to date has included medication, injections, TENS and laboratory studies. The provider requested Phenergan 25mg, #40, 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenergan 25mg, #40, 3 refills:** 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) Treatment Index, 11th Edition (web), Pain, Promethazine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Mental Illness & Stress, Promethazine (Phenergan).

**Decision rationale:** Phenergan is the brand name version of Promethazine, which is an anti-nausea medication. MTUS is silent specifically regarding promethazine, so other guidelines were utilized. ODG states regarding promethazine, "Not recommended for nausea and vomiting secondary to chronic opioid use." ODG additionally cites another possible indication of use as a sleep aid, when "sedating antihistamines are not recommended for long-term insomnia treatment." And "Tolerance seems to develop within a few days." The treating physician did not state in the medical records why the patient was being prescribed Phenergan. Guidelines recommend against its use for nausea and vomiting secondary to Opioid use. The patient has no documented pre operative or postoperative complaints of nausea or vomiting. As such, the request for Phenergan 25mg, #40, 3 refills is not medically necessary.