

Case Number:	CM15-0092846		
Date Assigned:	07/20/2015	Date of Injury:	06/10/1994
Decision Date:	08/20/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on June 10, 1994. Treatment to date has included NSAIDS, muscle relaxants, lumbar laminectomy, home exercise, and anti-depressants. Currently, the injured worker complains of low back pain, severe thoracic back pain, and hip pain. He reports associated numbness, weakness, loss of sensation, decreased mobility, fever, urinary retention, incontinence and flank pain. He describes his pain as sharp, aching, burning, and radiating. The pain radiates to the bilateral lower extremities. He reports that flexion, extension, sitting, standing and work aggravate his pain and his pain is improved with activity, rest, acetaminophen and muscle relaxants. He reports no changes in his low back pain or nausea and vomiting since his previous evaluation. His current medication regimen includes Suboxone for pain, promethazine for medication-induced nausea and vomiting, fluoxetine for depression and Lunesta for insomnia. The injured worker denies nausea and vomiting currently. The diagnoses associated with the request include thoracic or lumbosacral neuritis or radiculitis, post-laminectomy syndrome of the lumbar region, sacroiliac sprain-strain, lumbago and disorders of the sacrum. The treatment plan includes continuation of Suboxone, promethazine, fluoxetine and Lunesta, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine Hydrochloride 12.5 mg quantity 90 with three 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, Pain, Chronic, Promethazine (Phenergan).

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, Promethazine (Phenergan).

Decision rationale: Based on the 07/09/15 progress report provided by treating physician, the patient presents with low back pain that radiates to bilateral legs and feet, rated 8/10 with and 10/10 without medications. The patient is status post 2 back surgeries, unspecified dates. The request is for Promethazine Hydrochloride 12.5 Mg Quantity 90 With Three Refills. Patient's diagnosis per Request for Authorization form dated 04/16/15 includes postlaminectomy syndrome, and disorders of sacrum. Physical examination to the lumbar spine on 07/09/15 revealed tenderness to palpation over L5-S1 region. Range of motion was decreased, especially on extension 5 degrees. Positive seated straight leg raise test on the left. Treatment to date included surgery, home exercise and medication management. Patient's medications include Suboxone, Promethazine, Fluoxetine, Lunesta, Losartan Potassium, and Voltaren. The patient is permanent and stationary, per 07/09/15 report. Treatment reports were provided from 12/16/14 - 07/09/15. ODG-TWC guidelines, Pain chapter under Promethazine (Phenergan) states: "Not recommended for nausea and vomiting secondary to chronic opioid use." Promethazine was prescribed in progress reports dated 02/26/15, 04/07/15 and 07/09/15. It is not known when Promethazine has been initiated. Per progress report dated 07/09/15, treater prescribes Promethazine for "medication induced NV. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises." However, guidelines do not support this medication for nausea associated with chronic opioid use. Therefore, the request is not medically necessary.