

<b>Case Number:</b>	CM13-0024929		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/21/2002
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 51-year-old male with date of injury of 2/21/02. The listed diagnoses per [REDACTED] dated 8/13/13 are bilateral lumbar radiculopathy with lumbar strain, thoracic strain, left hip strain, significant secondary depression and insomnia due to chronic pain, and gastrointestinal upset due to pain medication, with intermittent symptoms. According to the medical records provided for review, the patient complains of lower back pain with radiation to the lower extremities, including midback pain and headaches with daily and severe occasional vomiting. He also reports depression due to chronic pain. The physical exam shows there is moderate to severe paralumbar muscle spasms bilaterally. Straight leg raise is positive bilaterally. There is decreased sensation to light touch in the right big toe and the L5 dermatome. The patient's gait is slow due to low back pain and he uses a cane to ambulate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR PRESCRIPTION OF PROMOLAXIN 100MG:**

Overtaken

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The patient's current list of medications includes Norco, naproxen, Promolaxin, omeprazole, and Zofran. The progress report dated 1/21/13 documents that the patient reports gastrointestinal upset due to pain medication with intermittent symptoms. It appears that the treater is prescribing Promolaxin in conjunction with the patient's opioid use. The opioid section of the MTUS Chronic Pain Medical Treatment Guidelines state that prophylactic treatment of constipation should be initiated when connected to opioid usage. In this case, prophylactic medication use is supported by the MTUS. As such, the request is medically necessary.