

<b>Case Number:</b>	CM14-0003427		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	08/24/2004
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Anesthesiology 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:

The patient is an employee of [REDACTED] and has submitted a claim for lumbar spinal stenosis without neurogenic claudication and intervertebral disc disorders associated with an industrial injury date of August 24, 2004. The treatment to date has included oral analgesics, muscle relaxant, spine surgery, pain stimulator and sacrum and pelvic fusion. Medical records from 2012 to 2014 were reviewed and showed chronic, constant low back pain and leg pain, both graded 6/10 with more pain on the right leg. Physical examination showed a mildly antalgic gait, motor weakness of the right quadriceps, and diminished sensory sensation over the L4, 5, and S1 nerve root distribution. Diagnoses include postlaminectomy syndrome, arthrodesis L3 through S1, arthrodesis right sacroiliac joint, degenerative spondylolisthesis, L4-5 and postoperative lumbar stenosis. The patient has been taking Oxycodone, Alprazolam, and Soma as far back as back as December 2012 and Promethazine since November 2013. A utilization review dated December 26, 2013 denied the requests for Promethazine 25mg QTY: 150.00 and Lidoderm patch 5% QTY: 450.00 due to no documented indication for use;, Alprazolam 1mg QTY: 300.00 and Carisoprodol 350mg QTY: 300.00 because long-term use is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROMETHAZINE 25MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-emetic for Opioid (nausea): Promethazine

**Decision rationale:** California MTUS does not address Promethazine specifically. Per strength of evidence hierarchy established by CA Department of Industrial Relations, Division of Worker's Compensation, the Official Disability Guidelines (ODG) Chronic Pain, Anti-emetic for opioid (for nausea), Promethazine was used instead. ODG states that Promethazine is a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion, sedation, tardive dyskinesia, and anticholinergic effects. In this case, Promethazine was prescribed on November 2013, however there is no documentation that the patient is currently experiencing vomiting or nausea. Intake may cause multiple adverse effects as mentioned above. The guidelines only indicate its usage for pre- and post-operative treatment. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Promethazine 25mg is not medically necessary.

**ALPRAZOLAM 1MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 & 66.

**Decision rationale:** Pages 63 & 66 of the California MTUS Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Long-term use is not recommended due to rapid development of tolerance and dependence. In this case, the patient has been taking Alprazolam as far back as December 2012. However, there was no documentation of overall pain relief and functional benefits despite its use. Also, there was no documentation of acute exacerbations of back pain. The guideline does not recommend prolonged use due to the risk of developing tolerance and dependence. The medical necessity has not been established. . Therefore, the request for Alprazolam 1mg is not medically necessary.

**LIDODERM PATCH 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** Pages 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines state that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as tri-cyclic or SNRI anti-depressants or an

AED. In this case, prior Cymbalta use was noted on August 8, 2013 progress report but this was discontinued due to adverse effects. The guideline recommends use of Lidoderm patch when there is a trial and failure of SNRI. However, the patient has been using Lidoderm patch 5% since at least August 2013, but there was no documentation of overall pain improvement and functional gain from its use. The medical necessity has not been established. Therefore, the request for Lidoderm Patch 5% is not medically necessary.

**CARISOPRODOL 350MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** Page 65 of the California MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol is a muscle relaxant and is not recommended as it is not indicated for long-term use as well as having an active metabolite which is a schedule IV controlled substance. In this case, the patient has been on Soma as far back as back as December 2012. However, there was no objective evidence of overall pain improvement and functional gains derived from its use. The guideline does not support long-term use of this medication. The medical necessity has not been established at this time. Therefore, the request for Carisoprodol 350mg is not medically necessary.