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| Case Number: | CM14-0017050 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 05/27/2008 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/01/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 Occupational Medicine 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 is a 49-year-old patient with a date of injury of 5/27/08. Mechanism of injury was not noted. On 1/28/14, she states her pain in her right wrist is 4/10, 6/10 in her neck and 7/10 in her right shoulder. She also has pain in her lower back. On 1/16/14, her neck flexion is 30 degrees and extension is 30 degrees with pain in both directions, right shoulder range of motion (ROM) was decreased. The diagnostic impression is C7 - T1 degenerative spondylolisthesis, early degenerative spondylolisthesis C2 - 3 and C3 - 4, small C3 - 4 disc protrusion, and prior C5 - 6 and later C6 - 7 anterior cervical discectomy and fusion. Treatment to date: surgery, medication management. A UR decision dated 1/31/14, denied requests for Ambien and Promethazine Rectal Suppositories. Ambien was denied because it is approved for short-term use, (usually 2 - 6 weeks) as there is a concern that Ambien can be habit-forming, and it may impair function and memory more than opioid pain relievers. There is also concern that it may contribute to increased pain and depression over long-term use. The patient has been on Ambien since at least 6/18/13. The promethazine (Phenergan) suppositories were denied because the Official Disability Guidelines (ODG) does not recommend promethazine for nausea and vomiting secondary to chronic opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5 MG #60 WITH 2 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), Pain (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter; Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The guidelines do not support the long-term use of Ambien due to the risk of dependence and tolerance. This patient has been on Ambien since at least 6/18/13 per the documentation provided. In addition, there is no discussion of alternatives to sedative-hypnotic use and proper sleep hygiene. Therefore, the request for Ambien 5mg #60 with 2 refills was not medically necessary.

PROMETHAZINE HCL RECTAL SUPOSITORY 25 MG #30 WITH 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), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Promethazine).

Decision rationale: CA-MTUS and ODG do not address this issue. The FDA states the Promethazine HCL Suppositories are useful for perennial and seasonal allergic rhinitis and preoperative, CA postoperative, or obstetric sedation. It is also used for prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery. There was no discussion provided as to why the patient is on Promethazine suppositories. Promethazine is not supported by guidelines for the use of opioid-induced nausea. Therefore, the request for Promethazine HCL Rectal Suppository 25mg #30 with 3 refills was not medically necessary.