

<b>Case Number:</b>	CM14-0110645		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/27/2001
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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:

The applicant is a represented [REDACTED] insured who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 27, 2001. The applicant has been treated with the following: Analgesic medications; long and short-acting opioids; various interventional spine procedures; unspecified amounts of physical therapy over the course of the claim; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated June 27, 2014, the claims administrator failed to approve request for Soma and Phenergan. The applicant's attorney subsequently appealed. In an April 19, 2012 progress note, the applicant reported ongoing complaints of low back pain. The applicant was given various diagnosis including lumbar spondylolysis, facet arthropathy, lumbosacral neuritis, radiculitis, and sacroiliitis. The applicant's medication list, at this point, included Duragesic, Percocet, Cymbalta, Soma, vitamin C, and Zyban. Permanent work restrictions were renewed. Multiple medications, including Soma, Percocet, Duragesic, and Cymbalta were likewise renewed. The applicant did not appear to be working with permanent limitations in place. It was stated that recent lumbar radiofrequency procedures had proven successful. In an applicant questionnaire dated September 11, 2014, the applicant reported 9/10 without medications versus 7/10 pain with medications. The applicant stated that a 20% reduction in pain scores was being achieved as a result of ongoing medication consumption. In a September 11, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the legs, exacerbated by activities such as bending, twisting, coughing, ascending and descending stairs, jumping, pushing, and pulling. 8/10 pain without medications was appreciated versus 4/10 pain with medications versus an average pain score of 7/10. The applicant stated that ongoing pain complaints were interfering with performance of almost all activities of daily living. Multiple medications were

renewed, including Percocet, Cymbalta, Duragesic, Soma, Sprix, Phenergan, oral Toradol, and Valium. The claims administrator stated that 30 tablets of promethazine were being furnished for use in conjunction with nausea generated by Toradol.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350 mg #60 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic; Carisoprodol section Page(s): 29; 55.

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term purposes, particularly when employed in conjunction with opioid agents. Here, the applicant has been using Soma for a span of several years and, furthermore, is concurrently using a variety of opioid agents, including Duragesic and Percocet. Such usage is incompatible with both page 29 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, which suggests that carisoprodol (Soma) be used for no more than two to three weeks. Therefore, the request was not medically necessary.

**Promethazine HCl 25 mg #30:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Phenergan (promethazine) Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Phenergan usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling medical evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Phenergan is indicated in the treatment of allergic rhinitis, vasomotor rhinitis, allergic conjunctivitis, mild, uncomplicated allergic skin manifestations of urticaria and/or angioedema, allergic reactions, anaphylactic reactions, obstetric sedation purposes, prevention of nausea and vomiting associated with anesthesia, prevention of nausea and vomiting associated with surgery, as an adjunct to analgesic medications, and for motion sickness purposes. In this case, however, the attending provider stated that he intended to employ Phenergan (promethazine) for usage in conjunction with Toradol to prevent any nausea and/or vomiting associated with Toradol usage.

Such usage, however, is incompatible with the FDA label. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request was not medically necessary.