

Case Number:	CM14-0027348		
Date Assigned:	06/13/2014	Date of Injury:	07/26/2004
Decision Date:	07/30/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 62-year-old female with a 7/26/04 date of injury and status post lumbar fusion L3-L5 on 12/2/13. At the time (2/12/14) of request for authorization for Promethazine 25mg and Lidoderm Patches 5% #30, there is documentation of subjective (neck pain, right shoulder pain, and low back pain with muscle spasms radiating to the bilateral buttocks and lower extremity with numbness and tingling) and objective (tenderness to palpation over the lumbar paraspinal musculature, decreased lumbar range of motion, and decreased sensation over the bilateral lower extremities) findings. The current diagnoses include chronic pain syndrome, lumbar post-laminectomy syndrome, lumbosacral radiculitis, and neck sprain/strain. The treatment to date includes lumbar spinal fusion on 12/2/13 and medications (ongoing therapy with non-steroidal anti-inflammatory drugs (NSAIDs), Neurontin, opioids, Promethazine; and Lidoderm patch with neuropathic pain relief). Regarding Promethazine 25mg, there is no documentation that the requested Promethazine is to be used as a sedative and antiemetic in pre-operative and post-operative situations. Regarding Lidoderm Patches 5% #30, there is no documentation that a trial of first-line therapy (tri-cyclic or norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica) has failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg, Qty: 30:00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Promethazine: www.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioids nausea).

Decision rationale: The CA MTUS does not address this issue. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that Promethazine is not recommended for nausea and vomiting secondary to chronic opioid use. In addition, the ODG identifies Promethazine is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar post-laminectomy syndrome, lumbosacral radiculitis, and neck sprain/strain. However, despite documentation that the patient is status post lumbar fusion surgery on 12/2/13 (two months out), and given no documentation of nausea and vomiting, there is no documentation that the requested Promethazine is to be used as a sedative and antiemetic in pre-operative and post-operative situations. Therefore, based on guidelines and a review of the evidence, the request for Promethazine 25mg, Qty: 30:00, is not medically necessary.

Lidoderm Patches 5%, Qty: 30:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar post-laminectomy syndrome, lumbosacral radiculitis, and neck sprain/strain. In addition, there is documentation of neuropathic pain. However, given documentation that the patient is currently receiving treatment with Neurontin,

there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. In addition, despite documentation of ongoing treatment with Lidoderm patches resulting neuropathic pain relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Lidoderm patches. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm Patches 5% #30 is not medically necessary.