

<b>Case Number:</b>	CM14-0048504		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/01/2001
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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, has a subspecialty in Pain Management 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 50-year-old female with a 6/1/01 date of injury. At the time (3/7/14) of request for authorization for Promethazine 25mg QTY: 90 and Flector 1.3% QTY: 60, there is documentation of subjective (moderate to severe low back pain radiating to left foot, right foot, left thigh and right and left toes described as burning, numbness and stabbing) and objective (tenderness, lumbar mobility decreased, bilateral tenderness from L3 to S1) findings, current diagnoses (degenerative disc disease lumbar, low back pain, and pain induced nausea and vomiting), and treatment to date (medications (including ongoing treatment with promethazine and Flector since at least 10/15/13 with improvement in function). Regarding Promethazine, there is no documentation that the requested Promethazine 25mg QTY: 90 is to be used for pre-operative and post-operative situations. Regarding Flector 1.3% QTY: 60, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment, a condition/diagnosis for which diclofenac epolamine (1.3%) is indicated, the intention to treat over a short course, and failure of an oral NSAID or contraindications to oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Promethazine 25mg QTY: 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**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:** MTUS does not address this issue. 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. ODG identifies that Promethazine is not recommended for nausea and vomiting secondary to chronic opioid use. In addition, 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 degenerative disc disease lumbar, low back pain, and pain induced nausea and vomiting. In addition, there is documentation of nausea and vomiting. However, there is no documentation that the requested Promethazine 25mg QTY: 90 is to be used for pre-operative and post-operative situations. Therefore, based on guidelines and a review of the evidence, the request for Promethazine is not medically necessary.

**Flector 1.3% QTY: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. 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. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease lumbar, low back pain, and pain induced nausea and vomiting. In addition, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Flector use to date. However, despite documentation of subjective (moderate-severe low back pain radiating to left foot, right foot, left thigh and right and left toes described as burning, numbness and stabbing) and objective (tenderness, lumbar mobility decreased, bilateral tenderness from L3 to S1) findings, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and a condition/diagnosis for which diclofenac epolamine (1.3%) is indicated (acute strains, sprains, and contusions). In addition, given documentation of records reflecting prescriptions for Flector 1.3% QTY: 60 since at least 10/15/13, there is no documentation of the intention to treat over a short course (4-12 weeks).

Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Flector is not medically necessary.