MAXIMUS Federal Services

Case Number:	CM14-0056037		
Date Assigned:	07/09/2014	Date of Injury:	03/29/2013
Decision Date:	11/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/25/2014

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] employee who has filed a claim for chronic neck pain, depression, and anxiety reportedly associated with an industrial injury of March 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; anxiolytic medications; epidural steroid injection therapy; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for Xanax, denied a request for Phenergan, approved a request for Norco, approved a request for Wellbutrin, and denied a request for Zoloft. The claims administrator, on almost each instance, did not incorporate cited guidelines into its rationale. The claims administrator stated that there was no support for usage of two separate antidepressants, for instance, did not state which guideline was it was basing that position upon. The applicant's attorney subsequently appealed.In a progress note dated November 4, 2013, the applicant reported 5/10 pain with medications versus 8/10 pain without medications. The applicant was on Ultram, Zanaflex, and Ambien as of that point in time, it was acknowledged. The Ambien was employed for sleep purposes. The applicant was in the process of moving. The applicant was no longer working in the child care industry, it was given. The applicant was given multiple medication refills, including 400 tablets of tramadol, 90 tablets of Ambien, and 240 mg tablets of Zanaflex. The applicant was asked to follow up on an as-needed basis. Permanent work restrictions were renewed. In a March 6, 2014 progress note, the applicant was described as having significant issues with anxiety and depression. A heightened dosage of Wellbutrin and Zoloft had apparently ameliorated the applicant's depressive symptoms, it was stated. The applicant was pushing himself to get out of the house, to exercise, and walk, it was acknowledged. The applicant was helping to take care of his children and also doing some cooking and cleaning, she acknowledged. The applicant's

medication list included Norco four times daily, Zanaflex twice daily, Phenergan twice daily, Zoloft daily, Trazodone, Inderal and Wellbutrin, it was acknowledged. The applicant was given diagnoses of posttraumatic stress disorder secondary to an industrial assault injury, speech issue, traumatic brain injury, and chronic neck pain. The applicant was given rather proscriptive limitations which were effectively resulting in her removal from the workplace. Multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax may be appropriate for "brief periods," in this case, however, the applicant appears intent on using Xanax for chronic, long-term, and scheduled use purposes, for depression and anxiety. This is not an ACOEM-endorsed role for Xanax. The applicant appears to have been using the same for what appears to be a set of several months to over a year. Therefore, the request is not medically necessary.

Promethazine 25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 (Promethazine) 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 proposes has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Phenergan is indicated in the treatment of allergic rhinitis, prevention and control of nausea associated with anesthesia, preoperative sedation, anaphylactic reactions, and antiemetic therapy for postoperative applicants. In this case, however, it appears that the attending provider is intent on employing Promethazine for treatment of opioid-induced nausea. This is not an FDA-endorsed role for the same, particularly via the twice daily supply seemingly being sought here. The attending provider has failed to furnish any compelling applicant-specific rationale or

medical evidence, which would offset the unfavorable FDA position on article at issue. Therefore, the request is not medically necessary

Zoloft 100mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressant such as Zoloft "may be helpful" to alleviate symptoms of depression. In this case, the applicant does have ongoing depressive symptoms, it has been suggested above. Concomitant usage of Zoloft and Wellbutrin has apparently ameliorated the applicant's depressive symptoms, it has been further noted. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.