

Case Number:	CM14-0064823		
Date Assigned:	07/11/2014	Date of Injury:	12/15/2001
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/07/2014

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 Nevada. 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 records, presented for review, indicate that this 65-year-old female was reportedly injured on 12/15/2001. The mechanism of injury was noted as a slip and fall while working in an arts and craft store. The claimant underwent a laminectomy at L5-S1 on 01/25/2002, a lumbar fusion at L4-S1 on 02/24/2003, followed by a revision surgery due to pseudoarthrosis at L4-S1 in April 2004. The most recent progress notes, dated 04/02/2014 and 05/28/2014, indicate that there were ongoing complaints of low back pain with radiation into the lower extremities. No physical examination documented. No recent imaging studies available for review. The previous treatments included lumbar spine surgery, physical therapy, epidural steroid injections and medications to include Cymbalta, Gabapentin, and Cymbalta, Lidoderm patch, Promethazine, Xanax, Zanaflex, Nucynta, Nucynta ER, Oxycodone and Actiq. A request had been made for Promethazine 25mg #60 (5 refills), Xanax 1mg #60 (5 refills), and Zanaflex 4mg #60 (5 refills), which were not certified in the utilization review on 4/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg #60 (5 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/phenegran-phenadoz-promethazine-342056>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Promethazine (updated 6/12/14).

Decision rationale: Phenergan (promethazine) is a sedative hypnotic, commonly used as an antiemetic in the perioperative and postoperative setting. The claimant has a history of chronic low back pain since 2001 and underwent 3 lumbar spine surgeries in from 2002-2004. There is no indication for this medication, and the ODG specifically states it is not recommended for long-term treatment. As such, it is not considered medically necessary.

Xanax 1mg #60 (5 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26; MTUS (Effective July 18, 2009) Page(s): 24.

Decision rationale: The MTUS guidelines do not support benzodiazepines (Xanax) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. As such, this request is not considered medically necessary.

Zanaflex 4mg #60 (5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis, which is not supported by MTUS treatment guidelines. As such, this medication is not considered medically necessary.