

<b>Case Number:</b>	CM14-0093509		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/22/1999
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 53-year-old female was reportedly injured on October 22, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 21, 2014, indicated that there were ongoing complaints of neck pain, low back pain, and bilateral upper extremity pain as well as headaches. The injured employee stated that promethazine helped with her nausea and vomiting and that Sonata helped with her sleep. The physical examination demonstrated tenderness at the trapezius muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included acupuncture and massage therapy. A request had been made for promethazine and Sonata and was not certified in the pre-authorization process on May 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Promethazine 12.5mg:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682284.html>.

**Decision rationale:** Promethazine is a medication used to help with symptoms of allergic rhinitis but is also used for relaxation, sedation, and help control nausea and vomiting that may occur after surgery or with other medications. While the injured employee complained of nausea and vomiting, it is unclear what the origin of the symptoms are. It was not specified that this is a side effect of other medications. Considering this, this request for promethazine is not medically necessary.

**Sonata 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Sonata (Zaleplon) is a short acting non-benzodiazepine hypnotic clinically indicated for the short term treatment of insomnia. Due to the habit-forming potential of this medication, pain specialist rarely, if ever, recommend it for long-term use. When noting that this medication has been employed for long-term use, and that the record provides no indication of any plans for discontinuation, this request for Sonata is not medically necessary.