

Case Number:	CM14-0099574		
Date Assigned:	07/28/2014	Date of Injury:	07/20/1994
Decision Date:	09/23/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/27/2014

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 and low back pain reportedly associated with an industrial injury of July 28, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy, adjuvant medications; and sleep aids. In a utilization review report dated May 28, 2014, the claims administrator denied a request for Ambien and promethazine, invoking non-MTUS ODG Guidelines. The claims administrator stated that part of the reason for the denial included the fact that these medications were not on the ODG formulary, which, it is incidentally noted, California has not adopted. The applicant's attorney subsequently appealed. In a July 16, 2014 progress note, the applicant reported persistent complaints of neck, back, and knee pain, ranging from 6 to 8/10. The applicant was having difficulty performing activities such as walking, sitting, doing chores, doing personal care, and driving. The applicant had issues with nausea, it was suggested. The source of the nausea was not identified. The applicant's medications included Colace, promethazine, Norco, Biofreeze gel, Neurontin, Prilosec, and clonazepam. The applicant's BMI was 21. It was suggested that the applicant was asked to discontinue clonazepam on the grounds that clonazepam was not effective for sleep. The applicant was asked to try lower dose of Ambien for sleep purposes. On June 27, 2014, the applicant was described as status post earlier cervical fusion surgery. Persistent complaints of mid back pain, bilateral upper extremity pain, and lower back pain were noted. The applicant was also using hydrocodone, Naprosyn, Neurontin, Xanax, Valium, Dilaudid, Ambien, Phenergan, MiraLax, and Biofreeze, it was stated. The applicant's work status was not furnished, although it did not appear that the applicant was working. On an earlier note dated June 5, 2014, the applicant was given prescriptions for Biofreeze, Ambien, Neurontin, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #30: Upheld

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

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), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, 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 purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some medical evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term management of insomnia, for up to 35 days. In this case, however, it appears that the attending provider is intent on employing Ambien for chronic, long term, daily, and scheduled use purposes, for insomnia. The applicant has received Ambien for what appeared to be a span of several months, at a minimum. No applicant-specific rationale or medical evidence was furnished to offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.

Promethazine 12.5mg #30: Upheld

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

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 Medications Guide.

Decision rationale: While the MTUS does not address the topic, 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 purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Phenergan or promethazine is indicated in the treatment of perennial rhinitis, allergic rhinitis, vasomotor rhinitis, skin manifestations of urticaria or angioedema, nausea or vomiting associated with anesthesia and/or surgery, in the treatment of motion sickness, and/or for obstetric sedation purposes. In this case, however, it appears that the attending provider is using promethazine for the purposes of combating opioid-induced nausea. This is not an FDA approved indication for the same. No applicant-specific rationale or medical evidence was furnished, so as to counter the unfavorable FDA position on

promethazine in the context being employed here. Therefore, the request is not medically necessary.