

<b>Case Number:</b>	CM15-0008167		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 55-year-old female, with a reported date of injury of 02/18/2011. The diagnoses include status post right total hip replacement with revision, right short leg discrepancy, disuse atrophy in the right lower extremity, lumbar sprain/strain, right knee pain, right knee degenerative disc disease, posttraumatic stress disorder with anxiety, right shoulder pain, and nausea. Treatments have included Ativan, Zoloft, oral pain medications, and topical pain medication. The medical report dated 11/17/2014 indicates that the injured worker complained of ongoing severe right-sided back and hip pain, and weakness in her right leg. She mentioned that she had been very nauseous for the past few days. She continued on psychotropic medications, which she found helpful. Her affect appeared appropriate. The impressions included posttraumatic stress disorder with anxiety related to industrial onset and nausea episodes of unknown cause. The injured worker was injected with 25mg of Phenergan, and after 45 minutes, the nausea seemed to decrease. The treating physician requested Ativan 1mg #90 three times a day as needed for anxiety and muscle relaxation related to industrial onset, and Phenergan 25mg #30. On 12/30/2014, Utilization Review (UR) denied the request for Ativan 1mg #90 and Phenergan 25mg #30, noting that Ativan is not recommended for long-term use and Phenergan has potential interactions with opioids and benzodiazepines the injured worker is taking. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 124.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Lorazepam & Benzodiazepines

**Decision rationale:** The patient presents with posttraumatic stress disorder with anxiety related to industrial onset and nausea episodes of unknown cause. The current request is for Ativan 1mg #90. Ativan (Lorazepam) is in a group of drugs called benzodiazepines. It affects chemicals in the brain that may become unbalanced and cause anxiety. Ativan is used to treat anxiety disorders. The treating physician in the 1/12/15 (C133) treating report states, Ativan 1 mg t.i.d. for anxiety panic episodes, 90. MTUS guidelines, regarding Benzodiazepines states, Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. In this case, it is unclear how long the patient has been treating with Ativan but treatment is documented back to at least 11/17/14 (C117). Given the extended use of this medication beyond the MTUS guidelines, the current request is not medically necessary and the recommendation is for denial.

**Phenergan 25mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th edition (web), 2014, Pain-Antiemetics (for opioid nausea)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Promethazine (Phenergan®) & Antiemetics (for opioid nausea)

**Decision rationale:** The patient presents with ongoing severe right-sided back and hip pain, along with weakness in the right leg. Impressions included posttraumatic stress disorder with anxiety related to industrial onset and nausea episodes of unknown cause. The current request is for Phenergan 25mg #30. Phenergan (promethazine) belongs to a group of drugs called phenothiazines. The treating physician in the 11/17/14 treating report (C117) states, after discussing the risks and benefit of giving her an injection for nausea, she agreed. I injected 25 mg of Phenergan IM in the right gluteal region, and she was observed for 45 minutes. Her

nausea seemed to abate. The treating physician later notes in the 1/12/15 (C133) treating report I refilled. Phenergan 25 mg q. 6 hours p.r.n. nausea related to medications prescribed on an industrial basis, 30. MTUS is silent regarding this treatment. ODG states not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. Promethazine (Phenergan): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. In this case, there is no documentation that the patient is in a pre-operative or post-operative situation that requires an antiemetic. The current request is not medically necessary and the recommendation is for denial.