

<b>Case Number:</b>	CM15-0140259		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/01/2006
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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

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, who sustained an industrial injury on 7-1-2006. The mechanism of injury was not described. The current diagnoses are C5-C6 disc protrusion that measures approximately 4.5 millimeters and causes severe C6 neural foraminal stenosis and abuts the spinal cord, C6 radiculopathy, C7 radiculopathy with positive electrodiagnostic testing, C4-C5 disc protrusion, cervical degenerative disc disease, cervical spine strain, low back pain, lumbar sprain-strain, and lumbar disc protrusion. According to the progress report dated 6-10-2015, the injured worker complains of neck pain with radiation into her bilateral shoulders, left periscapular region, and thoracic region. The level of pain was not rated. The physical examination reveals restricted range of motion of the cervical and lumbar spine. Cervical and lumbar provocative maneuvers were positive. Spurling's maneuver was negative bilaterally; however, it recreated neck pain symptoms. Muscle strength is 5 out of 5 in all limbs, except for 4 out of 5 strength in the left tibialis anterior and left extensor hallucis longus. The current medications are Vicodin, Prevacid, Tylenol PM, and Lidoderm patch. There is documentation of ongoing treatment with Promethazine, Hydrocodone, and Lidoderm patch since at least 12/15/2014. Treatment to date has included medication management, MRI studies, and electrodiagnostic testing. Work status was described as permanent and stationary. A request for Promethazine, Hydrocodone, and Lidoderm patch has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Promethazine 25mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Promethazine Pain Chapter, under Antiemetics.

**Decision rationale:** The patient presents with pain in the cervical spine radiating to bilateral shoulders into the left periscapular region and the thoracic region. The request is for PROMETHAZINE 25 MG #180. Examination to the cervical spine on 03/24/15 revealed restricted range of motion in all planes. Per 07/13/15 progress report, patient's diagnosis include C5-C6 disc protrusion that measures approximately 4.5 mm that causes severe C6 neural foraminal stenosis and abuts the spinal cord, C6 radiculopathy, C7 radiculopathy with positive EMG study, C4-C5 disc protrusion, cervical degenerative disc disease, cervical spine strain, low back pain, lumbar sprain/strain, and lumbar disc protrusion. Patient's medications, per 06/10/15 progress report include Vicodin, Cyclosporine, Prednisone, Tylenol PM, CellCept, Atenolol, Prevacid, Allegra, Albuterol, Lidoderm Patch Hydrocodone, and Promethazine. Patient is permanent and stationary. ODG Guidelines, Pain Chapter, under Promethazine (Phenergan), states, "Not recommended for nausea and vomiting secondary to chronic opioid use." ODG Guidelines, Pain Chapter, under Antiemetics (for opioid nausea) states: "Promethazine (Phenergan): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus). The treater has not specifically addressed this request. Review of the medical records provided indicate that the patient was prescribed Promethazine from 03/24/15 through 07/13/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvements. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, there are no discussions regarding the patient being pre-operative/post-operative or having sleeping problems. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.

**Hydrocodone 5/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** The patient presents with pain in the cervical spine radiating to bilateral shoulders into the left periscapular region and the thoracic region. The request is for HYDROCODONE 5/325 MG #180. Examination to the cervical spine on 03/24/15 revealed restricted range of motion in all planes. Per 07/13/15 progress report, patient's diagnosis include C5-C6 disc protrusion that measures approximately 4.5 mm that causes severe C6 neural foraminal stenosis and abuts the spinal cord, C6 radiculopathy, C7 radiculopathy with positive EMG study, C4-C5 disc protrusion, cervical degenerative disc disease, cervical spine strain, low back pain, lumbar sprain/strain, and lumbar disc protrusion. Patient's medications, per 06/10/15 progress report include Vicodin, Cyclosporine, Prednisone, Tylenol PM, CellCept, Atenolol, Prevacid, Allegra, Albuterol, Lidoderm Patch Hydrocodone, and Promethazine. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. The treater does not specifically discuss this request. The utilization review letter dated 06/23/15 has modified the request to #54 for tapering. The progress reports from 03/24/15 through 07/13/15 all list Hydrocodone but does not adequately discuss its impact on the patient's pain and function. No before and after pain scales are used for analgesia although there is a statement that there is significant pain reduction. No ADL's are discussed showing specific functional improvement. While UDS and CURES reports are current and consistent with patient's medication, no adverse effect and other measures of aberrant behavior are discussed. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Given the lack of documentation, as required by the guidelines, the request IS NOT medically necessary.

**Lidoderm patch #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 58-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

**Decision rationale:** The patient presents with pain in the cervical spine radiating to bilateral shoulders into the left periscapular region and the thoracic region. The request is for LIDODERM PATCH #180. Examination to the cervical spine on 03/24/15 revealed restricted range of motion in all planes. Per 07/13/15 progress report, patient's diagnosis include C5-C6 disc protrusion that measures approximately 4.5 mm that causes severe C6 neural foraminal

stenosis and abuts the spinal cord, C6 radiculopathy, C7 radiculopathy with positive EMG study, C4-C5 disc protrusion, cervical degenerative disc disease, cervical spine strain, low back pain, lumbar sprain/strain, and lumbar disc protrusion. Patient's medications, per 06/10/15 progress report include Vicodin, Cyclosporine, Prednisone, Tylenol PM, CellCept, Atenolol, Prevacid, Allegra, Albuterol, Lidoderm Patch Hydrocodone, and Promethazine. Patient is permanent and stationary. MTUS guidelines pages 56 and 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The treater does not discuss this request. Patient has received prescriptions for Lidoderm 5% Patch from 03/24/15 and 07/13/15. However, the treater has not discussed how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request does not meet guideline recommendations and therefore, it IS NOT medically necessary.