

Case Number:	CM15-0160319		
Date Assigned:	08/26/2015	Date of Injury:	03/02/1998
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 74-year-old male patient, who sustained an industrial injury on March 2, 1998. The diagnoses include lumbar degenerative disc disease, low back pain and post lumbar fusion, failed hardware. Per the doctor's note dated 7/30/2015, he had complaints of low back pain. The physical examination revealed tenderness and decreased range of motion of the lumbar spine. A note dated June 3, 2015, states he was experiencing some efficacy from his current medication regimen. A note dated July 30, 2015, states he was experiencing efficacy from Lyrica and Mirtazapine. He had improvement regarding his sleep, pain and nausea. He was using promethazine rarely and has plenty. The medications list includes lisinopril, omeprazole, celebrex, lorazepam, zolpidem, cevimeline, hydrocodone, oxycodone, tizanidine, lyrica and cyclobenzaprine. He has undergone L2-3 fusion in 4/2014. Treatment to date has included x-rays, surgery, cane, medication. The following medications; Promethazine 25 mg (to alleviate nausea), Lyrica 50 mg (to alleviate pain) and Mirtazapine 15 mg are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/08/15) Promethazine (Phenergan®) Antiemetics (for opioid nausea).

Decision rationale: Per the cited guidelines Promethazine is "Not recommended for nausea and vomiting secondary to chronic opioid use." Per the cited guidelines, antiemetics are "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. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high- quality literature to support any one treatment for opioid-induced nausea in chronic non- malignant pain patients". Per the cited guidelines "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 duration of the symptom of nausea was not specified in the records provided. Whether other etiologies of nausea were evaluated for, is not specified in the records provided. Evidence of a recent operation, need for sedation, allergy or motion sickness is not specified in the records provided. A detailed gastrointestinal exam is not specified in the records provided. The duration of intended use of the promethazine was not specified in the records provided. In addition, per the note dated 7/30/15, patient was using promethazine rarely and has plenty. The medical necessity of Promethazine 25mg is not established for this patient and therefore is not medically necessary.

Lyrica 50mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page 16, Pregabalin (Lyrica, no generic available), page 19.

Decision rationale: Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are "recommended for neuropathic pain (pain due to nerve damage. Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both". According to the records provided patient had chronic back pain. He has objective findings on the physical examination- tenderness and decreased range of motion of

the lumbar spine. Patient has history of lumbar spine fusion surgery. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 50mg is medically necessary and appropriate for this patient.

Mirtazapine 15mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/08/15) Insomnia treatment.

Decision rationale: Mirtazapine 15mg; sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine); Mirtazapine is a noradrenergic and specific serotonergic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated). "In addition, per the cited guidelines "Sedating antidepressants (e.g., amitriptyline, trazodone, and mirtazapine) have also been used to treat insomnia". Per the records provided, he had complaints of chronic pain with history of lumbar fusion surgery. He had also had sleep disruption secondary to chronic pain. Mirtazapine is recommended in this clinical situation. The request of Mirtazapine 15mg is medically appropriate and necessary for this patient.