

<b>Case Number:</b>	CM15-0164217		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	07/22/2003
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 58 year old female, who was injured on 7-22-2003. She reported body wide chronic pain. The mechanism of injury was noted. Her diagnoses have included rheumatoid arthritis, degenerative arthritis of the knee, overweight and obesity. The treatment to date has included: medications, and urine toxicology. The request is for Promethazine, Gabapentin, Methotrexate, and Enbrel. She continues to be off work despite treatments with Enbrel, Promethazine, Methotrexate and Gabapentin. From May 19-2015 through 7-6-2015 she is noted to report total body wide pain. The provider noted no new joint swelling and a normal neurologic examination. There is also notation of hand deformities due to rheumatoid arthritis. There is no documentation of efficacy for each of the requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 250mg 1 capsule by mouth twice a day #60 times 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-convulsants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsants medications for the maintenance treatment of neuropathic pain, chronic musculoskeletal pain and chronic pain syndrome when standard NSIADs and PT is not effective. The records indicate that the patient reported stable symptoms from the effects of chronic musculoskeletal pain and rheumatoid arthritis. There is documentation of compliance and medication efficacy. There was no report of adverse medication effect. The guidelines recommend that medications refills can be appropriate in patients with stable subjective and objective findings. The criteria for the use of Gabapentin 250mg 1 capsule by mouth twice a day #60 with 3 refills was met and the criteria for the use of gabapentin / methotrexate / Enbrel with 3 refills was met.

**Methotrexate 2.5mg 7 tablets by mouth qw #28, 3 refills:** Overturned

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

**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, Anti-rheumatoid arthritis medications.

**Decision rationale:** The CA MTUS did not address the use of medications for the treatment of rheumatoid arthritis. The ODG guidelines recommend that medications for the treatment of rheumatoid arthritis can be utilized for the maintenance treatment and treatment of exacerbation of musculoskeletal pain when standard NSIADs and PT is not effective. The records indicate that the patient reported stable symptoms from the effects of chronic musculoskeletal pain and rheumatoid arthritis. There is documentation of compliance and medication efficacy. There was no report of adverse medication effect. The guidelines recommend that medications refills can be appropriate in patients with stable subjective and objective findings. The criteria for the use of methotrexate 2.5mg 7 tablets by mouth qw #28 with 3 refills were met.

**Promethazine 50mg 1 tablets by mouth once a day #30, 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Phenothiazine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetic medications, Phenothiazines.

**Decision rationale:** The CA MTUS and the ODG guidelines did not recommend that anti-emetics be utilized for chronic treatment of nausea and vomiting in chronic pain patients. The chronic use of anti-emetics such as Phenothiazines is associated with high incidence of severe adverse complications that includes tardive dyskinesia. The guidelines noted that the nausea and vomiting associated with the use of chronic pain medications can be self limiting. The records indicate that the use of promethazine had exceeded the maximum duration of less than 1 week recommended by the guidelines. The criteria for the use of promethazine 50 mg 1 tablet a day #30 with 3 refills were not met. The CA MTUS and the ODG guidelines.

**Enbrel sure click, 1 injection SQ QW #4, 3 refills:** Overturned

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

**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, Anti-rheumatoid arthritis medications.

**Decision rationale:** The CA MTUS did not address the use of medications for the treatment of rheumatoid arthritis. The ODG guidelines recommend that medications for the treatment of rheumatoid arthritis can be utilized for the maintenance treatment and treatment of exacerbation of musculoskeletal pain when standard NSIADs and PT is not effective. The records indicate that that the patient reported stable symptoms from the chronic musculoskeletal pain and rheumatoid arthritis. There is documentation of compliance and medication efficacy. There was no report of adverse medication effect. The guidelines recommend that medications refills can be appropriate in patients with stable subjective and objective findings. The criteria for the use of Enbrel sure click, 1 injection SQ QW #4 with 3 refills was met.