

Case Number:	CM15-0192027		
Date Assigned:	10/06/2015	Date of Injury:	07/07/1995
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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:

This is a 56-year-old male with a date of industrial injury 7-7-1995. The medical records indicated the injured worker (IW) was treated for post lumbar laminectomy syndrome; spinal-lumbar degenerative disc disease; and low back pain. In the progress notes (7-15-15 and 8-12-15), the IW reported back pain with radiation down both legs, unchanged since his last visit. Pain with medications was rated 4.5 out of 10 and without medications, 7.5 out of 10. Quality of life score was 4 out of 10: he did simple chores around the house and minimal activities outside the house at least twice a week. Medications included Lyrica (since at least 3-2015), Norco, Avinza, Soma and Phenergan (since at least 3-2015). He reported good pain control and functional benefit from his current medications, without side effects. On examination (8-12-15 notes), he had a slow, wide-based gait. There was tenderness, spasm and tightness in the lumbar paravertebral muscles, bilaterally, with painful, "restricted" flexion, extension and lateral bending. Straight leg raise, supine, was positive bilaterally at 40 degrees. Ankle and patellar jerks were 1 out of 4 bilaterally. There were no sensory deficits. Treatments included two prior lumbar spinal fusions, medications and home exercise. The 8-12-15 notes stated a urine toxicology report on 2-25-15 was "consistent" with prescribed medications and the 6-24-15 report was also consistent. The IW was permanent and stationary. There was documentation to support the presence of neuropathic pain, but there were no subjective complaints of nausea or vomiting. A Request for Authorization was received for Lyrica 150mg twice daily, #60 and Phenergan 25mg one daily as needed, #30. The Utilization Review on 9-1-15 modified the request for Lyrica

150mg twice daily, #60 and non-certified the request for Phenergan 25mg one daily as needed, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg capsule twice a day quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Review indicates the request for Lyrica was modified. Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time since at least March 2015; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic 1995 P&S injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 150mg capsule twice a day quantity 60 is not medically necessary and appropriate.

Phenergan 25mg tablet take 1 daily as needed quantity 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, Pain, Anti-emetic (for opioid use), Promethazine.

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-emetics (for opioid nausea), page 773.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines is silent on use of phenothiazine for chronic pain. No rationale has been submitted for use of anti-histamine medication in the treatment of the claimant's injury complaints. Phenergan (Promethazine) is a phenothiazine used to treat or prevent nausea and vomiting. Other labeled use include nasal congestion, allergic conjunctivitis, allergic rhinitis, and dermatographic urticaria. It has sedative, anti-motion-sickness, anti-emetic, and anti-cholinergic effects. Promethazine may be prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis, none of these indications and diagnoses are industrially related or relevant to this injury. The medical report from the provider has not adequately documented the medical

necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Promethazine for nausea and vomiting secondary to chronic opioid use. The Phenergan 25mg tablet take 1 daily as needed quantity 30 is not medically necessary and appropriate.