

Case Number:	CM15-0200505		
Date Assigned:	10/15/2015	Date of Injury:	01/26/2000
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey

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 65 year old female sustained an industrial injury on 1-26-00. Documentation indicated that the injured worker was receiving treatment for chronic left shoulder impingement, chronic lumbar spine sprain and strain with disc bulges and sciatica and chronic left knee pain with internal derangement and patellar tendinitis. Previous treatment included left knee arthroscopy and medial plica resection (2008), physical therapy, acupuncture and medications. In a PR-2 dated 3-19-15, the injured worker complained of left shoulder, low back and bilateral knee pain, rated 10 out of 10 on the visual analog scale without medications and 2 out 10 with medications. Current medications included Norco, Skelaxin, Flector patch, Promethazine and Nabumetone. In PR-2's dated 5-27-15, 6-10-15 and 7-8-15 the injured worker complained of pain 7 to 9 out of 10 on the visual analog scale without medications and 1 to 4 out of 10 with medications. In a PR-2 dated 9-8-15, the injured worker complained of low back pain, rated 8 out of 10 on the visual analog scale. The injured worker used Norco for pain, Skelaxin for muscle spasms. The injured worker noted overall functional improvement and improvement in pain with her current medications. The injured worker was not working and stated that she was trying occupational therapy exercise more. Physical exam was remarkable for tenderness to palpation to the left low back with lumbar spine range of motion: flexion 50 degrees, extension 15 degrees and bilateral lateral bend 20 degrees and tenderness to palpation over the medial joint line of bilateral knees with bilateral knee range of motion 0 to 110 degrees. The treatment plan included prescriptions for Norco, Skelaxin and Promethazine and continuing Flector patches. On 9-22-15, Utilization Review non-certified a request for Skelaxin 800mg #40 and Promethazine 25mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was report of Skelaxin use on a chronic basis leading up to this request for renewal. Although there was mention in the notes that the overall pain level reduced from 10/10 VAS to 2/10 VAS with the collective use of the prescribed medications, which included promethazine. However, there was no comment on how effective the promethazine was independent of the other medications used, which would be required to consider this case as an exception to the general recommendations of the Guidelines to not use this medication chronically as was being done in this case. Therefore, this request for Skelaxin will be considered medically unnecessary.

Promethazine 25mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds>.

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

Decision rationale: The MTUS Guidelines do not address promethazine use. The ODG, however, states that promethazine is not recommended for the treatment of opioid-induced nausea, but might be considered for temporary use in settings of post-surgical nausea. In the case of this worker, it was noted that promethazine was used to counter the nausea from the Norco use. However, this indication is not warranted based on the Guidelines. Therefore, this request for promethazine will be considered medically unnecessary.