

<b>Case Number:</b>	CM15-0201300		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, District of Columbia, Maryland  
 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 46-year-old male, with a reported date of injury of 07-01-2009. The diagnoses include neck pain, cervical radiculitis, idiopathic peripheral neuropathy, carpal tunnel syndrome, depression, occipital neuralgia, temporomandibular joint sounds on opening and closing of the jaw, and lesion of the ulnar nerve. The progress report dated 09-11-2015 indicates that the injured worker continued to have right-sided pain in the mid to upper cervical spine with radiation into the occiput and periauricular area and down into the trapezius. The subjective findings were the same according to the progress report dated 08-14-2015. She stated that the current medication still helped. The injured worker also stated that without Norco, her activities of daily living would be in jeopardy and she would be unable to care for her daughter. The physical examination showed no acute distress; tenderness to palpation of the temporomandibular joint bilaterally; paraspinal tenderness on the right of the cervical spine; painful rotation of the cervical spine to the right at 20 degrees; painful rotation of the cervical spine to the left at 20 degrees; pain with extension of the cervical spine at 20 degrees; positive foraminal closure test on the right with pain in C4 distribution; tightness in the trapezius muscle bilaterally; positive Tinel's sign and Phalen's sign; decreased sensation to light touch and pinprick in both hands; crepitus with rotation of the right shoulder; pain with palpation over the greater tuberosity and subacromial bursa; reduction in active and passive range of motion of the right shoulder; diminished strength in the right shoulder due to pain; positive right impingement sign; and weakness of the right supraspinatus. The injured worker's pain ratings were not indicated. The diagnostic studies to date have included a urine drug screen on 09-11-2015 with

positive findings for benzodiazepine and opiate; a urine drug screen on 07-15-2015 with positive findings for benzodiazepine and opiate; and a urine drug screen on 05-08-2015 with positive findings for benzodiazepine, oxycodone, and opiate. Treatments and evaluation to date have included left C2 block on 03-16-2015, Norco (since at least 05-2015), Indomethacin (since at least 08-2015), Phenergan, Ibuprofen, Promethazine, Terocin, and Effexor. The treating physician requested Promethazine 25mg #30 and Norco 10-325mg #90. On 10-01-2015, Utilization Review (UR) non-certified the request for Promethazine 25mg #30 and modified the request Norco 10-325mg #90 to Norco 10-325mg #68.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 7/15/15 was positive for benzodiazepine and opiate. It was noted per the records that the injured worker had a history of inconsistent UDS, positive for cocaine. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Promethazine 25mg #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 (Chronic), Promethazine (Phenergan).

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

**Decision rationale:** The MTUS is silent on the use of promethazine. With regard to promethazine, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use." 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). As the injured worker is not pre-operative or post-operative promethazine is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.