

Case Number:	CM15-0207005		
Date Assigned:	10/23/2015	Date of Injury:	05/03/2001
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida

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:

The injured worker is a 35 year old female, who sustained an industrial injury on 5-3-2001. The medical records indicate that the injured worker is undergoing treatment for lumbosacral spondylosis, myalgia and myositis (unspecified), and cervical disc degeneration. According to the progress report dated 9-28-2015, the injured worker presented with complaints of constant aching, throbbing low back and leg pain. On a subjective pain scale, she rates her pain 7 out of 10 with medications and 10 out of 10 without. The physical examination of the lumbar spine reveals tenderness to palpation over the midline and paraspinal areas. The current medications are Valium, Ambien, Promethazine, OxyContin, Norco, Roxicodone, and Soma (since at least 1-26-2015). Previous diagnostic studies were not indicated. Treatments to date include medication management. Work status is described as permanently disabled. The original utilization review (10-13-2015) partially approved a request for Soma 350mg #18 (original request was for #180). The request for Promethazine 25mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tipton JM, McDaniel RW, Barbour L, Johnston MP, Kayne M, LeRoy P, Ripple ML. Putting.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain. Phenergan. Online 2015 edition.

Decision rationale: The MTUS guidelines do not address this request, and therefore the ODG was referenced. The ODG specifically states that Phenergan is "not recommended for nausea and vomiting secondary to chronic opioid use." Exactly why this patient is being prescribed Phenergan (Promethazine) is not evident from the medical records provided. It is noted however that this patient is on chronic opiates. This request is not considered medically necessary.

Soma 350mg #180: Upheld

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

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

Decision rationale: In accordance with the California MTUS guidelines, Soma is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Soma is not medically necessary.