

Case Number:	CM15-0033589		
Date Assigned:	02/27/2015	Date of Injury:	02/14/1983
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 51-year-old female, who sustained an industrial injury on February 14, 1983. Her diagnoses include depression, posttraumatic tension headache, essential hypertension, and chronic migraine without aura, with intractable migraine so stated without mention of status migrainosus, and chronic migraine with aura, with intractable migraine so stated without mention of status migrainosus. She has been treated with MRI, carotid ultrasound, Botox injection, and nasal spray for migraine, sublingual and oral migraine, an analgesic, and a benzodiazepine for insomnia due to headache. On August 11, 2014, her treating physician reports the continuation of nearly daily migraine with visual distortions. The physical exam was unremarkable. The injured worker was given injections of Botox into the facial and cervical musculature. On February 23, 2015, the injured worker submitted an application for IMR for review of prescriptions for Promethazine 25mg #60, Amlodipine 5mg #60, and Triazolam 25mg #15. The Promethazine was non-certified based on this medication is not recommended for nausea and vomiting in chronic non-malignant pain patients. The Amlodipine was non-certified based on the lack of documentation of the patient's response to this medication in terms of blood pressure control. There was a lack of documentation of the patient's blood pressure. The Triazolam was non-certified based on the lack of clear documentation of how long the patient has been taking benzodiazepines medication. The guidelines do not support long-term treatment due to unproven long-term efficacy and a risk for dependence. Most guidelines limit its use 4 weeks. Weaning is a consideration for this medication as abrupt discontinuation can result in withdrawal symptoms.

The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

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 Official Disability Guidelines, Chapter: Pain, Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Mental Illness & Stress, Promethazine (Phenergan; ½).

Decision rationale: Phenergan is the brand name version of Promethazine, which is an anti-nausea medication. MTUS is silent specifically regarding promethazine, so other guidelines were utilized. ODG states regarding promethazine, "Not recommended for nausea and vomiting secondary to chronic opioid use." ODG additionally cites another possible indication of use as a sleep aid, when "sedating antihistamines are not recommended for long-term insomnia treatment." And "Tolerance seems to develop within a few days." Medical records do not indicate what the Phenergan is being used for. The treating physician does not describe the symptoms in sufficient details the medical notes or provide any clinical examination or evaluation prior to the date of service. ODG does not recommend this medication for opioid induced nausea. As such, the request for Promethazine 25mg #60 is not medically necessary.

Amlodipine 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment.

Decision rationale: MTUS is silent specifically with regards to lisinopril. Therefore, other guidelines were utilized. ODG states regarding the treatment of hypertension: After Lifestyle (diet & exercise) modifications(1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace)- Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan), (2) First line, 2nd addition - Calcium channel blockers: Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia), (3) First line, 3rd addition - Thiazide diuretic - Hydrochlorothiazide (HCTZ), (4) First line, 4th addition - Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin);

Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal)(5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone) - Direct renin inhibitor: Aliskiren (Tekturna) - Selective α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin)- Central α_2 agonists: Clonidine (Catapres)- Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten). While amlodipine is an appropriate first line medication for hypertension, medical documents do not substantiate the diagnosis of hypertension. The medical notes provided did not have blood pressure readings demonstrating response to this medication. As such, the request for Amlodipine 5mg #60 is not medically necessary.

Triazolam 25mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Triazolam is the brand name version of diazepam, a benzodiazepine. MTUS states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Records fail to indicate how long the patient has been on Triazolam. The treating physician does not indicate any extenuating circumstances for way this patient should continue to be on Triazolam or provide a medical indication for its use. As such, the request for 1 prescription of Valium 10mg #1 Triazolam 25mg #15 is not medically necessary.