

Case Number:	CM15-0034232		
Date Assigned:	03/02/2015	Date of Injury:	12/20/2000
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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:

The injured worker is a 56 year old male, who sustained an industrial injury reported on 12/20/2000. He reported low back pain, 30% improved on medication. The diagnoses were noted to include post lumbar laminectomy syndrome (failed); lumbar degenerative disc disease; unspecified backache; and opioid dependence. Treatments to date have included consultations; diagnostic imaging studies; home exercise program; and medication management. The work status classification for this injured worker (IW) was not noted, however, his target functional goal was documented to have been met. The progress notes, dated 2/10/2015, note a discussion for tapering medications and the recommendation for a dorsal column stimulator or intrathecal pump implantation. On 2/18/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 2/12/2015, for Lorzone 750mg #60, status-post a successful trial; and Promethazine 25mg #60, for nausea and vomiting from medications. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, muscle relaxant chlorzoxazone; and the Official Disability Guidelines and Federal Drug Administration, muscle relaxant chlorzoxazone, anti-emetics, chronic pain, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lozone 750 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with low back pain and sciatica pain, rated 6/10. The request is for LORZONE 750 MG, SIXTY COUNT. Patient is status post lumbar laminectomy, date unspecified. Physical examination to the lumbar spine on 02/10/15 revealed tenderness to palpation to the paravertebral muscles bilaterally at the L3-L4, L4-L5 and L5 S1 levels. Straight leg raising test was positive bilaterally at 60 degrees. Gait was antalgic. Patient's diagnosis, per 01/16/15 progress report include failed back syndrome, lumbar, opioid type dependence unspecified pattern of use, spinal stenosis lumbar region neurogenic claudication, degenerative disc disease lumbar, and backache unspecified. Per 02/10/15 progress report, patient's medications include Norco, Omeprazole, Trazodone, Wellbutrin XL, Promethazine and Lorzone. Patient is permanent and stationary. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In progress report dated 02/10/15, treater states, "patient tried a sample of Lorzone from in-office last visit and states that it provided him with good pain relief. We will prescribe him Lorzone today" In this case, although Lorzone seems effective for patient's, it is a second-line option and there is limited evidence in terms of its clinical efficacy. Furthermore, MTUS supports only a short-term use of sedating muscle relaxants and the prescribed 60 count does not indicate a short-term use. Therefore, the request IS NOT medically necessary

Promethazine 25 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Promethazine (Phenergan).

Decision rationale: The patient presents with low back pain and sciatica pain, rated 6/10. The request is for PROMETHAZINE 25 MG, SIXTY COUNT. Patient is status post lumbar laminectomy, date unspecified. Physical examination to the lumbar spine on 02/10/15 revealed tenderness to palpation to the paravertebral muscles bilaterally at the L3-L4, L4-L5 and L5 S1 levels. Straight leg raising test was positive bilaterally at 60 degrees. Gait was antalgic. Patient's diagnosis, per 01/16/15 progress report include failed back syndrome, lumbar, opioid type dependence unspecified pattern of use, spinal stenosis lumbar region neurogenic claudication, degenerative disc disease lumbar, and backache unspecified. Per 02/10/15 progress report, patient's

medications include Norco, Omeprazole, Trazodone, Wellbutrin XL, Promethazine and Lorzone. Patient is permanent and stationary. ODG, Pain Chapter, Promethazine (Phenergan), states, not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the patient is suffering from chronic low back pain. In progress report dated 02/10/15, treater states, "some of the medications he takes causes him nausea and vomiting which is why he requires Omeprazole as well as Promethazine." Patient has been prescribed opioids (Norco, MS Contin and Oxycodone) from 08/05/14 and 02/10/15. ODG does not support the use of this medication for nausea and vomiting secondary to chronic opioid use. Therefore, the request IS NOT medically necessary.