

Case Number:	CM15-0047480		
Date Assigned:	03/19/2015	Date of Injury:	12/03/1995
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii
 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 67-year-old female who sustained an industrial injury on 12/3/95. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar disc degeneration and lumbar disc displacement. Treatments to date have included oral pain medication, home exercise program, and topical patch. Currently, the injured worker complains of pain in the lower back. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg/tablet; 1 tablet by mouth every 6-8 hours as needed #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Promethazine (Phenergan®) & Antiemetics (for Opioid Nausea).

Decision rationale: The patient presents with low back pain. The current request is for Promethazine 25mg/tablet. This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. The treating physician states 1/5/15 (4B), "The patient may benefit from medication refills. The risks, benefits and alternative treatments have been explained to the patient." MTUS is silent regarding this treatment. ODG states, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients." In this case, it is unclear how long the patient has been treating with Promethazine but treatment is documented back to at least 7/17/14. Given the extended use of this medication and lack of documentation indicating that this patient is diagnosed with any of the conditions that are recommended for treatment. The current request is not medically necessary and the recommendation is for denial.

Soma 350mg/tablet; 1 table by mouth 3 times a day as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain), Soma Page(s): 29, 63-66.

Decision rationale: The patient presents with low back pain. The current request is for Soma 350mg/tablet. The treating physician states 1/5/15 (4B), "The patient may benefit from medication refills. The risks, benefits and alternative treatments have been explained to the patient." MTUS guidelines define Soma (Carisoprodol) as a muscle relaxer that works by blocking pain sensations between the nerves and the brain. MTUS states for Carisoprodol (Soma), "Not recommended. This medication is not indicated for long-term use." MTUS also states, "Muscle relaxants (for pain) Carisoprodol (Soma), neither of these formulations is recommended for longer than a 2 to 3 week period." The records indicate this patient has been taking this medication since at least 7/17/14 which indicates long term use beyond the MTUS Guidelines. Therefore, the current request is not medically necessary and the recommendation is for denial.