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| <b>Case Number:</b>   | CM15-0056337 |                              |            |
| <b>Date Assigned:</b> | 04/01/2015   | <b>Date of Injury:</b>       | 11/08/2002 |
| <b>Decision Date:</b> | 05/15/2015   | <b>UR Denial Date:</b>       | 02/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2015 |

### 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: Texas, California  
 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 56 year old female, who sustained an industrial injury on November 8, 2002. She reported that when attempting to help transfer a client, she felt an immediate sharp, excruciating pain in her lower back. The injured worker was diagnosed as having status post decompression and discectomy L3-L4 to the right as well as anterior-posterior fusion L3-S1 on January 2004, status post removal of hardware and exploration of fusion in the lower back January 2005, intractable pain, bilateral lower extremity radiculitis, failed back syndrome, Complex Regional Pain Syndrome (CRPS) bilateral lower extremities, and status post lumbar failed spinal cord stimulator trial July 30, 2012. Treatment to date has included physical therapy, aquatic therapy, nerve ablation treatments, lumbar surgeries, CT of upper and lower back, MRI, x-rays, spinal cord stimulator, electromyography (EMG) study, SI injections, and medication. Currently, the injured worker complains of a recent fall, striking her head, knee, and tailbone, with severe low back pain. The Secondary Treating Physician's report dated February 4, 2015, noted the injured worker reported her medications continued to work well and reduced her pain to a more tolerable level. The injured worker's current medications were listed as Klonopin, Soma, Zofran, and Norco. Physical examination was noted to show lumbar spine range of motion (ROM) significantly limited secondary to pain, with tenderness to palpation over the paraspinal muscles in the lumbar region bilaterally. The Physician noted that x-rays taken revealed a previous L3-S1 fusion, with no instability or lucencies seen in the previous surgery site. The Physician noted the injured worker continued to have a worsening neurological

condition with multiple episodes of losing balance. The Physician noted Norco, Phenergan, Soma, and Klonopin were prescribed.

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

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

**Phenergan 25mg/ml #120:** 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), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/06/15), Antiemetics (for opioid nausea).

**Decision rationale:** The ACOEM/California MTUS guidelines do not address this request. As per cited guideline "Not recommended for nausea and vomiting secondary to chronic opioid use." As per the cited guideline the drug Promethazine is not recommended for nausea and vomiting secondary to chronic opioid use. A detailed GI examination was not specified in the records provided. Other causes of nausea and vomiting were not specified in the records provided. Any lab reports were not specified in the records provided. The Physician noted the injured worker continued to have a worsening neurological condition with multiple episodes of losing balance. The effect that the sedation (that can be caused by the Phenergan) had on the gait, balance and falling tendency of the patient was not specified in the records provided. Therefore, the medical necessity of Phenergan 25mg/ml #120 is not fully established for this patient at this time.

**Klonopin 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Klonopin (Benzodiazepines).

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

**Decision rationale:** Clonazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "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 actions 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 detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to

dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The Physician noted the injured worker continued to have a worsening neurological condition with multiple episodes of losing balance. The effect that the sedation (that can be caused by the Klonopin) had on the gait, balance and falling tendency of the patient was not specified in the records provided. The medical necessity of the request for Klonopin 2mg #60 is not fully established in this patient.