

<b>Case Number:</b>	CM15-0085603		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 3/19/01. She has reported initial complaints of back pain after slipping on a wet floor and twisting her back. The diagnoses have included lumbosacral radiculopathy, lumbar failed back syndrome, knee and lower leg degenerative joint disease (DJD), anxiety and insomnia. Treatment to date has included medications, surgery consisting of lumbar discectomy in 4/2003, lumbar fusion 2/8/05, spinal cord stimulator in 2008 and left knee arthroscopy in 2010, activity modifications, conservative care and home exercise program (HEP). Currently, as per the physician progress note dated 3/25/15, the injured worker complains of low back pain and right knee pain. It was noted that her medication combination provide symptomatic and restorative function reducing her pain by 50 percent and allowing her to be functional in her activities of daily living (ADL). Physical exam of the lumbar spine reveals lumbar facet pain on the left side with palpation, right and left sided pain in the sacroiliac joints, and palpable twitch positive trigger points noted in the lumbar muscles. The gait is antalgic and she ambulates without assistance. The lumbar range of motion is limited due to pain. The current medications included Duragesic, Dilaudid, Lyrica, Zanaflex, Effexor, Xanax, Trazadone, Phenergan and Senokot. The urine drug screen dated 12/2/14 is consistent with medications prescribed. Treatment plan was to re-fill her medications. Work status is permanent and stationary. The physician requested treatments included Promethazine 25mg #30 and Xanax 0.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Promethazine 25mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid induced nausea Page(s): 74-96.

**Decision rationale:** According to guidelines, the long-term use of antiemetics is not recommended for treatment of nausea in patients on chronic opioid therapy. In this case, the promethazine has been used long term, which is not supported by guidelines. The request for promethazine 25 mg rectal suppository #30 is not medically necessary and appropriate.

**Xanax 0.5mg #60: Upheld**

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

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

**Decision rationale:** Guidelines do not support long-term use of benzodiazepines in the treatment of chronic pain. In this case, the patient has been on alprazolam long term and should be weaned according to guidelines. The request for xanax 0.5 mg #60 is not medically necessary and appropriate.