

<b>Case Number:</b>	CM14-0126453		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/04/2005
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2014

### 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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 51-year-old female who has submitted a claim for sciatica, displacement of lumbar intervertebral disc without myelopathy, degeneration of the lumbosacral intervertebral disease, and spinal stenosis of lumbar region associated with an industrial injury date of 11/4/2005. Medical records from 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, rated 6/10 in severity. With morphine use, patient was able to maintain prolonged standing for two hours. Patient was also able to perform cooking, cleaning, showering, and caring for herself with medication use. There were no signs of drug abuse and misuse. Patient reported reduced sleep duration, approximately two hours per night. Physical examination the lumbar spine showed tenderness, muscle spasm, and restricted motion. Weakness of her right lower extremity muscles was noted. Sensation was diminished along the right lateral foot. Urine drug screen from 9/13/2014 showed consistent results with prescribed medications. Treatment to date has included Flexeril, Lidoderm patch, Utica, morphine, naproxen, promethazine, and Restoril (since March 2014). Utilization review from 7/16/2014 denied the request for Prospective Usage Of Promethazine 25mg #90 (Refill X 2) because there was no rationale or evidence of objective functional benefit from its use; denied Prospective Usage Of Morphine 30mg #90 because of no evidence of functional benefit, assessment profile and updated pain contract between the provider and patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Usage Of Promethazine 25mg #90 (Refill X 2): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-emetic for opioid (nausea): Promethazine

**Decision rationale:** CA MTUS does not address the topic on Promethazine. Per strength of evidence hierarchy established by CA Department of Industrial Relations, Division of Worker's Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that Promethazine (Phenergan) is a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion, sedation, tardive dyskinesia, and anticholinergic effects. In this case, the patient has been taking promethazine since March 2014. There was no documented indication for this medication. There were no reports of nausea and vomiting. However, medical records showed that patient reported reduced sleep duration, approximately two hours per night. Nonetheless, there was no evidence of sleep improvement from medication use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Prospective Usage of Promethazine 25mg #90 (Refill X 2) is not medically necessary.

**Prospective Usage Of Morphine 30mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on morphine since March 2014. With morphine use, patient was able to maintain prolonged standing for two hours. Patient was also able to perform cooking, cleaning, showering, and caring for herself with medication use. There were no signs of drug abuse and misuse. Urine drug screen from 9/13/2014 showed consistent results with prescribed medications. Guideline criteria for continuing opioid management have been met. Therefore, the request for Prospective Usage of Morphine 30mg #90 is medically necessary.