

<b>Case Number:</b>	CM14-0146769		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The records presented for review indicate that this 38-year-old female was reportedly injured on August 19, 2009. The most recent progress note, dated July 25, 2014, indicates that there are ongoing complaints of headaches. Pain is stated to be 7/10 without medications and 4/10 with medications. Current medications include Clonazepam, Pristiq, and Promethazine. The physical examination demonstrated tenderness over the right nuchal margin and decreased cervical spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for Clonazepam, Pristiq, and Promethazine and was not certified in the pre-authorization process on August 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5MG Unspecified Quantity:** Upheld

**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 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24 OF 127.

**Decision rationale:** Clonazepam is a benzodiazepine prescribed for the treatment of seizures and panic attacks. The attached medical record does not indicate that the injured employee has these

symptoms. Additionally benzodiazepines are not indicated for long-term usage due to tolerance of hypnotic effects. For these reasons, this request for Clonazepam 0.5 mg is not medically necessary.

**Pristiq 50mg Unspecified quantity:** Upheld

**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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16 OF 127.

**Decision rationale:** Pristiq as an antidepressant indicated for the treatment of anxiety, depression, panic disorder, and social phobias. It is also often used for fibromyalgia, neuropathic pain, and diabetic nephropathy. A review of the attached medical record indicates that the injured employee is not diagnosed with these conditions. As such, this request for Pristiq is not medically necessary.

**Promethazine 25mg Unspecified Quantity.:** Overturned

**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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682284.html>

**Decision rationale:** Promethazine is a medication used to help with allergy symptoms as well as motion sickness, nausea, and vomiting. As the injured employee has been diagnosed with chronic headaches which are often accompanied by nausea and vomiting. Therefore, this request for Promethazine is medically necessary.