

<b>Case Number:</b>	CM14-0029201		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Urology and is licensed to practice in Pennsylvania, Ohio, Michigan and Texas. 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 submitted for review indicate the injured worker is a 52-year old male injured due to a 07/30/98 slip and fall. The most recent Primary Treating Physician Progress Report dated 02/05/14, indicates the injured worker continues with complaints of lower back pain. Diagnoses include lumbar radiculopathy, spinal/lumbar degenerative disc disease and post laminectomy syndrome. Work status, Permanent and Stationary. Medications include Flexiril 10mg, Voltaren Gel, Lidpderm patch, Norco 10/325, Oxycontin 20mg, Promethazine 25mg, Cymbalta 90mg, Nuvigil 150mg, trazadone 50mg, and Wellbutrin XL 150mg. The injured worker states he would like to decrease amount of Flexiril taken. On the Primary Treating Physician Progress Report dated 11/11/13 the injured worker states the medications are working well and he is able to sweep porch with less pain. The previously non-authorized medications are now under appeal: Flexeril (Cyclobenzaprine) 10 mg tabs, Norco 10/325 tabs, Oxycontin 20 mg tabs and Promethazine 25 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg tablets, # 10:** 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 Muscle Relaxants Page(s): 64.

**Decision rationale:** The requested Flexeril (Cyclobenzaprine) is not approved or indicated for chronic use. According to the California MTUS Chronic Pain Guidelines on page 64: Cyclobenzaprine (Flexeril generic available): are Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. As such, medical necessity has not been established.

**Norco 10/325, # 90:** 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 Opioids for Chronic Pain Page(s): 80-86.

**Decision rationale:** The prescribed Norco 10/325 is not medically necessary as a immediate-release opioid analgesic and is not medically justified because the submitted clinical information does not identify a specific medication treatment plan with specific goals of treatment. Additionally there is no verification program such as pill counts or periordic urine drug toxicology testing.

**Oxycontin 20 mg, # 90:** 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 Opioids for Chronic Pain Page(s): 80-86.

**Decision rationale:** The prescribed Oxycontin 20 mg is not medically necessary as this sustsained-release opioid analgesic is not medically justified because the submitted clinical information does not identify a specific medication treatment plan with specific goals of treatment. Additionally there is no verification program such as pill counts or periordic urine drug toxicology testing.

**Promethazine 25 mg, # 20:** 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), Medications Section.

**Decision rationale:** The requested Promethazine (Phenergan) is used for opioid induced nausea and is not medically indicated according to evidence-based guidelines. The ODG states: Not recommended for nausea and vomiting secondary to chronic opioid use. Promethazine (Phenergan) is Food and Drug Administration (FDA)-approved for post-operative nausea and for gastroenteritis nausea/emesis management.