MAXIMUS Federal Services

Case Number:	CM15-0107640		
Date Assigned:	06/12/2015	Date of Injury:	11/14/2008
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old female, who sustained an industrial injury on November 14, 2008. She reported bilateral shoulder pain. The injured worker was diagnosed as having status post left shoulder arthroscopy with anterior acromioplasty and debridement and chronic bilateral shoulder pain. Treatment to date has included diagnostic studies, cortisone injection to the shoulder, medications, conservative care, physical therapy and activity restrictions. Currently, the injured worker complains of continued chronic bilateral shoulder pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 15, 2014, revealed continued pain. She noted worsened pain following a cortisone injection. Evaluation on November 25, 2014, revealed continued pain as noted. Evaluation on February 3, 2015, revealed continued bilateral shoulder pain. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine Hydrochloride 25mg quantity 120 with five refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antiemitics.

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 Chapter, Antiemetics.

Decision rationale: Regarding the request for promethazine (Phenergan), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to state that promethazine is approved as a sedative and antiemetic for perioperative use. Within the documentation available for review, there is no indication that promethazine is being used to treat perioperative nausea. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested promethazine (Phenergan) is not medically necessary.

Temazepam 30mg quantity 60 with five refills: Upheld

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

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

Decision rationale: Regarding the request for Temazepam, Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. " Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Temazepam is not medically necessary.