

<b>Case Number:</b>	CM15-0010459		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old female who sustained an industrial injury on 01/27/2011. Diagnoses include degeneration of cervical intervertebral disc, lesion of ulnar nerve, adhesive capsulitis of the shoulder, sprain of the shoulder and upper m, and brachial plexus lesions. Treatment to date has included medications, physical therapy, home exercises at the gym, and a brace for her left knee. A physician progress note dated 12/23/2014 documents the injured worker complains of severe complex regional pain syndrome of the upper extremity. Her pain with her medication is 5 out of 10, and her pain is 10 out of 10 without her medications. She is able to function with her combination of medications and pain levels are tolerable. Treatment requested is for Lunesta 3 MG Take 1 at Bedtime #30, and Phenergan 25 MG, Take 1/2 to 1 BID as Needed #60. On 01/05/2015 Utilization Review non-certified the request for Lunesta 3 MG Take 1 at Bedtime #30 and California Medical Treatment Utilization Schedule (MTUS) does not address Lunesta. On 01/05/2015 Utilization Review non-certified the request for Phenergan 25 MG, Take 1/2 to 1 BID as needed #60, and cited Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenergan 25 MG, Take 1/2 to 1 BID As Needed #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Promethazine (Phenergan)

**Decision rationale:** The patient presents with degeneration of cervical intervertebral disc, lesion of ulnar nerve, adhesive capsulitis of the shoulder, sprain of the shoulder and upper arm, and brachial plexus lesions. The current request is for Phenergan 25 MG, Take to 1 BID as needed #60. The treating physician states, "Phenergan 25 Mg Tablet SIG: Take to 1 twice a day as needed for nausea due to medications. She uses for side effects from her Opiates" in a report dated 12/23/14 (15I). MTUS guidelines do not address Phenergan. The ODG guidelines state: Not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the treating physician is using Phenergan for nausea due to Opioids which have been prescribed since the patient's injury on 01/27/2011. This request is not supported by ODG guidelines. The current request is not medically necessary and the recommendation is for denial.

**Lunesta 3 MG Take 1 At Bedtime #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Eszopicolone (Lunesta)

**Decision rationale:** The patient presents with degeneration of cervical intervertebral disc, lesion of ulnar nerve, adhesive capsulitis of the shoulder, sprain of the shoulder and upper arm, and brachial plexus lesions. The current request is for Lunesta 3 MG Take 1 at Bedtime #30. The treating physician report dated 12/23/14 (15I) states, "She has severe insomnia due to pains. She has efficacy with combo of Trazodone and Lunesta. She has not slept well with trial of only one agent. She can't function without sleep and has history of being up for days when this happens." The MTUS guidelines do not address Lunesta. The ODG guidelines state: Not recommended for long-term use, but recommended for short-term use. In this case, the treating physician, based on the available documents has prescribed Lunesta since at least 03/05/14 (90I). The prescription is written for every day use. This would be considered long-term use, and is not supported by ODG guidelines. The current request is not medically necessary and the recommendation is for denial.