

Case Number:	CM15-0174551		
Date Assigned:	09/16/2015	Date of Injury:	07/16/2003
Decision Date:	10/21/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 37-year-old female who sustained an industrial injury July 16, 2003. Diagnoses have included post lumbar laminectomy, lumbar radiculopathy, lumbar degenerative disc and facet disease, lumbar disc displacement, spinal stenosis of the lumbar region, chronic pain syndrome, and insomnia. Documented treatment includes L4-5 and L5-S1 laminectomy; L3-S1 fusion; weight loss; lumbar epidural steroid injections with "no relief of pain"; use of a cane or walker; and, medication including Oramorph, Skelaxin, and Promethazine. Pain medications are stated to bring pain from 9 to 7 out of 10. She had been taking Lyrica, which was discontinued "due to ineffectiveness." The injured worker continues to present with constant pain in her low back and bilateral lower extremities described in August 4, 2015 report as being "sharp, aching, shooting, burning, stabbing, and electrical," and made worse with activity. Pain interferes with sleep. The physician states they will consider lumbar injections, and she is participating in a functional restoration program. The treating physician's plan of care includes Metaxalone 800 mg and Promethazine 12.5 mg, which were both denied September 2, 2015. The patient sustained the injury due to fall. The patient has had EMG of lower extremity on 11/10/14 that revealed lumbar radiculopathy. MRI of the lumbar spine on 5/10/13 that revealed disc protrusions, and central canal stenosis. The patient's surgical history includes lumbar laminectomy on 4/5/11 and fusion in 9/2013. Patient had received lumbar ESI for this injury. The medication list includes Morphine, Skelaxin, Promethazine and Lyrica. Per the note dated 6/2/15, the patient had complaints of pain in low back with numbness and radiculopathy and muscle weakness. The patient had used a walker for this injury. The patient has had history of nausea and constipation. The patient had received an unspecified number of PT visits for this

injury. The patient has had history of bone pain and joint stiffness. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin).

Decision rationale: Request-Metaxalone 800mg #90. Per the CA MTUS chronic pain treatment guidelines cited below Metaxalone (Skelaxin) is "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Diagnoses have included post lumbar laminectomy, lumbar radiculopathy, lumbar degenerative disc and facet disease, lumbar disc displacement, spinal stenosis of the lumbar region, chronic pain syndrome, and insomnia. Pain medications are stated to bring pain from 9 to 7 out of 10. The injured worker continues to present with constant pain in her low back and bilateral lower extremities described in August 4, 2015 report as being "sharp, aching, shooting, burning, stabbing, and electrical," and made worse with activity. The patient has had EMG of lower extremity on 11/10/14 that revealed lumbar radiculopathy. MRI of the lumbar spine on 5/10/13 that revealed disc protrusions, and central canal stenosis. The patient's surgical history includes lumbar laminectomy on 4/5/11 and fusion in 9/2013. Per the note dated 6/2/15, the patient had complaints of pain in low back with numbness and radiculopathy and muscle weakness. The patient had used a walker for this injury. The patient has had history of bone pain and joint stiffness. The patient's condition is such that he may have significant exacerbations of chronic pain. It is deemed that the use of a relatively non-sedating muscle relaxant like Skelaxin, as an adjunct for short term use for acute exacerbations of chronic pain, is medically appropriate and necessary. The request for Metaxalone 800mg #90 is medically necessary and appropriate for this patient at this time.

Promethazine 12.5mg #30: 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) Pain (updated 04/06/15), Antiemetics (for opioid nausea).

Decision rationale: Promethazine 12.5mg #30. ACOEM/CA MTUS do not address this request. As per cited guideline, antiemetics for opioid nausea are "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005). Promethazine (Phenergan): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus)." As per the cited guideline, an antiemetic like Promethazine is not recommended for nausea and vomiting secondary to chronic opioid use. A detailed GI examination was not specified in the records provided. Whether other causes of nausea were evaluated for, was not specified in the records provided. Therefore, the medical necessity of Promethazine 12.5mg #30 is not medically necessary for this patient at this time.