

<b>Case Number:</b>	CM15-0179161		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female with a date of injury on 6-18-09. A review of medical records indicates that the injured worker is undergoing treatment for bilateral shoulders, bilateral arms, bilateral elbows, bilateral forearms, bilateral wrists and neck. Medical records (8-3-15 and 8-31-15) indicate ongoing of pain in all areas stated above. She has complaints of nausea, muscle spasms, stiffness, numbness, tingling and weakness. Her quality of sleep is poor, she is unable to fall asleep and stay asleep. Without medications her pain is rated 8-9 out of 10 and with medications, 3 out of 10. Medications include: promethazine, therma care heat wraps, lidoderm 5% patch, miralax, tizanidine omeprazole, clonazepam, oxycondone, topamax, zoloft, trazodone and gabapentin. Request for authorization dated 9-2-15 for promethazine 25 mg quantity 90 and zoloft 100 mg quantity 80. The original utilization review 9-10-15 request denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Promethazine 25 mg Qty 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter/Promethazine (Phenergan) Section.

**Decision rationale:** MTUS guidelines do not address the use of Promethazine (Phenergan) for insomnia. Per the ODG, sedating antihistamines are not recommended for long-term insomnia treatment. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Per the ODG, Promethazine is not considered a first-line agent in the treatment of insomnia. Additionally, The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Promethazine 25 mg Qty 90 is determined to not be medically necessary.

**Zoloft 100 mg Qty 60:** Upheld

**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): Antidepressants for chronic pain.

**Decision rationale:** Antidepressant for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) such as Zoloft are effective at addressing psychological symptoms associated with chronic pain. In this case, however, there is no clear objective documentation of significant pain relief or functional improvement with the long term use of Zoloft. The injured worker continues to complain of moderate pain. The request for Zoloft 100 mg Qty 60 is determined to not be medically necessary.