

<b>Case Number:</b>	CM15-0029904		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	12/15/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Emergency 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:

The 32 year old female injured worker suffered and industrial injury on 8/21/2013. The diagnoses were discogenic lower back pain. The diagnostic studies were magnetic resonance imaging of the lumbar spine, nerve blocks, and electromyography. The treatments were medications and nerve blocks. The treating provider reported back pain of 6 to 8/10. The exam revealed tenderness of the lumbar spine and decreased range of motion. The Utilization Review Determination on 1/28/2015 non-certified: 1. Promethazine HCL 25 MG #90, ODG; 2. Eszopiclone 2 MG #60, ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Promethazine HCL 25 MG #90:** 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 Official Disability Guidelines, Promethazine Phenergan.

**Decision rationale:** The requested Promethazine HCL 25 MG #90, is not medically necessary. CA MTUS is silent, and Official Disability Guidelines, Promethazine (Phenergan), note, "Not recommended for nausea and vomiting secondary to chronic opioid use." The injured worker has discogenic lower back pain. The treating physician has documented tenderness of the lumbar spine and decreased range of motion. The treating physician has not documented current nausea or vomiting nor derived functional improvement from prior use. The criteria noted above not having been met, Promethazine HCL 25 MG #90 is not medically necessary.

**Eszopiclone 2 MG #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 Official Disability Guidelines, Pain, Eszopicolone (Lunesta), Insomnia treatment.

**Decision rationale:** The requested Eszopiclone 2 MG #60, is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is not recommended for long-term use; and 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. Promethazine (Phenergan), note "Not recommended for nausea and vomiting secondary to chronic opioid use." The injured worker has discogenic lower back pain. The treating physician has documented tenderness of the lumbar spine and decreased range of motion. The treating physician has not documented details of current insomnia not sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Eszopiclone 2 MG #60 is not medically necessary.