

<b>Case Number:</b>	CM13-0009049		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	01/05/2003
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Disease and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41-year-old male who reported an injury on 01/05/2003. The mechanism of injury was noted to be a lifting injury. The patient was noted to have low back pain 6/10 that was sharp and aching. It was indicated the patient had no change in the pain. The patient was noted to have centralized low back tenderness with spasms in the paraspinal muscles. The patient was noted to have dysesthesia radiating to L5-S1 dermatomes extending to the legs. The patient was noted to have pain in the groin area, more on the left than the right side. The straight leg raise was noted to increase the pain in the legs. The diagnoses were noted to include low back pain, facet syndrome, lumbosacral radiculopathy, and chronic pain syndrome. A request was made for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Section and Ongoing Management Section Page(s): 75,78.

**Decision rationale:** The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's as per California MTUS Guideline recommendations. The medication was noted to be refilled for breakthrough pain with 1 every 6 to 8 hours. The patient indicated that there was no change in the patient's pain, which would indicate the medication is not effective. Given the lack of documentation, the request for Norco 10/325 mg #100 is not medically necessary.

**Catapres 0.2mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Catapres Section Page(s): 34.

**Decision rationale:** The California MTUS Guidelines recommend Catapres after a short-term trial indicates pain relief in patients who are refractory to opioid monotherapy or opioids with local anesthetic for treatment of neuropathic pain. The clinical documentation indicated the patient was taking Catapres 0.2 mg 1 to 2 tablets per day for nerve pain and to potentiate the opioid medications. There was a lack of documentation indicating the patient had efficacy of the requested medication. The patient's pain was noted to be without change. Given the above, the request for Catapres 0.2 mg #30 with 1 refill is not medically necessary.

**Phenergan 25mg #30 with 1 refill:** 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 (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics, Online version.

**Decision rationale:** The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The clinical documentation submitted for review indicated that the patient was to take 1 tablet of Phenergan 25 mg by mouth daily up to every 24 hours to combat nausea from pain medication. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Phenergan 25 mg #30 with 1 refill is not medically necessary.