

Case Number:	CM13-0011173		
Date Assigned:	09/19/2013	Date of Injury:	08/10/2008
Decision Date:	01/16/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 33 year old male. The patient's diagnoses per [REDACTED] report dated 07/18/13 are low back pain, discogenic cervical condition, knee sprain, sexual dysfunction, depression, sleep issues, nightmares, paranoia, shakes and tremors along the left lower extremity. The report from 9/26/13 states surgery of the lumbar spine is recommended, and the patient has not worked since 8/10/08. The progress reports from 1/25/13 to 9/26/13 are reviewed. The notes from [REDACTED], of 1/25/13, indicate that the patient is unable to do much, that family members do most of the daily chores for him, and that he is unable to stand long enough to make a sandwich. His meds then were Norco #120, promethazine with codeine, and valium. The report of 2/22/2013 indicates that the patient's condition has gotten worse to a point where he is unable to get out of bed, and walks slowly and uses a cane. Recently he went to court and obtained approval for Norco, Valium and promethazine. No discussion on how the patient is doing with meds. The report of 4/19/13 indicates the patient had constant low back pain at 5-6/10, and pain increases with movement. There is no discussion regarding medication efficacy. The report of 3/15/13, indicates that nerve conduction velocity (NCV) studies showed L5 radiculopathy from 2010. The meds then were Nroco, promethazine, valium, Neurotin and medrox patches. There is no discussion regarding medication efficacy. The report of 7/18/13 discusses pain management referral, and electromyography (EMG)/NCV of the legs. Promethazine is taken for insomnia and Norco for pain. The patient's meds were reduced from #160 to #120 Norco by utilization review. Treatment plan says, "the patient has chronic pain and medication has been keeping his pain under control." The report of 9/26/13 indicates chiropractic treatments and Tens were recommended. The patient has burning pain down the leg which is what the neurontin is for

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 6.25/10mg between 7/18/2013 and 9/27/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section 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), Section Antiemetics for Opiates

Decision rationale: This employee suffers from chronic low back pain with radiculopathy, spondylolisthesis at L5-S1; discogenic cervical condition with radicular component; knee sprain/patellar pain; sexual dysfunction, depression, sleep issues, nightmares and paranoia. The medical report provided from 9/26/13 lists Promethazine but does not discuss for what reason. No side effects of medications are discussed. The report of 7/18/13 indicates the employee is also taking promethazine for insomnia. Promethazine is an antiemetic that is sometimes used for opiate induced nausea. None of the reports reviewed documented any evidence of nausea from medication use. The treating physician indicated that this medication is used for insomnia, but Promethazine is not an insomnia medication. The ODG guidelines do not support use of Promethazine. Recommendation is for denial.

Norco 10/325mg #160 between 7/18/2013 and 9/27/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Section Long-term Assessment, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Use Page(s): 88-89.

Decision rationale: After review of 9 months of reports, there was not one documentation of how the employee is responding to Norco. The report of 7/18/13 indicates, "the employee has chronic pain and medication has been keeping this pain under control." This is the only statement that I can find pertaining to the employee's pain and the use of Norco. There is no documentation of pain reduction, change in function and quality of life from chronic use of Norco. The documented functional level is quite low for this employee. The employee is reportedly having difficulty getting out of bed, has most of the house work and chores done by family, is unable to stand long enough to make a sandwich, etc. It is unclear whether any of the medication is doing anything for this employee. MTUS guidelines require proper documentation of pain, function and quality of life improvement for chronic use of medication. Functioning must be documented via a numerical scale or validated instrument once at least every 6 months. Furthermore, under outcome measures, MTUS guidelines require current pain; average pain;

least pain; time it takes for medication to work; duration of relief with medication, etc. In this case, none of this information is provided. As it is, it is unclear whether or not Norco is helping or contributing to the employee's pain and function. Opiate dependency and opioid induced hyperalgesia are significant issues for patients on chronic opiates. The treating physician does not discuss any of these issues. Recommendation is for denial.

Gabapentin 600mg #90 between 7/18/2013 and 9/27/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The treating physician documents radicular symptoms with numbness and tingling into the lower extremities. The employee has had electrodiagnostic studies with mixed results but there was evidence of radiculopathy (from 2010). The treating physician documents L5 radiculopathy. Neurontin is indicated for neuropathic pain. The treating physician also documents in one of the reports that Neurontin has been helpful for burning symptoms (9/26/13 report). Recommendation is for authorization.

Valium 10mg #60 between 7/18/2013 and 9/27/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

Decision rationale: This employee suffers from chronic pain and Valium has been prescribed on every visit according to reports from January to 9/26/13. The MTUS guidelines do not recommend long-term use of benzodiazepines for chronic pain. At most, less than 4 week use is recommended. Recommendation is for denial.