

Case Number:	CM13-0061524		
Date Assigned:	12/30/2013	Date of Injury:	07/13/2002
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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/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 49-year-old female who reported injury on 07/13/2002. The mechanism of injury was noted to be the patient leaned forward so they could look outside the window and the chair flew out from under the patient. The patient slammed against a cinderblock wall and felt neck pain and shoulder pain and got a large lump on the left side of her head. The patient's medication history indicated the patient had been on Cyclobenzaprine, MS Contin 15 mg, Phenergan 25 mg, and Vicodin 10/650 since the earliest date of documentation in 03/2012. The office note dated 10/28/2013 revealed the patient had consistent cervical facet pain with possibly cervical radiculopathy and myofascial pain. Treatment plan included medication refills for MS Contin, Cyclobenzaprine and promethazine. The patient's diagnoses were noted to include neck pain, brachial neuritis nos, chronic complex regional pain syndrome I of upper extremity, facet syndrome, thoracic pain, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG (FLEXERIL) #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The MTUS Chronic Pain Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute low back pain. The treatment should be less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to indicate this was a short-term treatment as the patient was noted to be on the medication since 03/2012. The request for continued use would not be medically supported. There was a lack of documentation indicating objective functional improvement and there was a lack of documented rationale for two refills. Given the above, the request for Cyclobenzaprine 10 mg (Flexeril) #60 with 2 refills is not medically necessary.

MS CONTIN 15MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective improvement in function, and an objective decrease in the VAS score. There was evidence the patient is being monitored for aberrant drug behavior and side effects. The patient was noted to be taking the medication for greater than 1 year. Given the above, the request for MS Contin 15 mg #90 is not medically necessary.

PHENERGAN 25MG (PROMETHAZINE) #60 WITH 2 REFILLS): 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, Promethazine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, section on Antiemetics

Decision rationale: The Official Disability Guidelines do not recommend antiemetics such as Phenergan for nausea and vomiting secondary to chronic opioid use. There was a lack of documentation indicating the rationale for the requested medication. The patient was noted to be on the medication since 2012. There was a lack of documentation of objective functional improvement with the medication. There was a lack of documentation indicating a necessity for #60 with 2 refills without re-evaluation. Given the above, the request for Phenergan 25 mg (Promethazine) #60 With 2 Refills is not medically necessary.