

Case Number:	CM14-0006090		
Date Assigned:	03/03/2014	Date of Injury:	05/26/2005
Decision Date:	06/30/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation and Pain Management 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 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 52-year-old male with a date of injury of 05/26/2005. The listed diagnoses per [REDACTED] are: 1. Cervical DDD/DJD (Degenerative Disc Disease/ Degenerative Joint Disease). 2. Upper extremity radiculopathy. According to the earliest report provided by [REDACTED] on 10/14/2013, the patient presented with severe cervical DDD/DJD with foraminal stenosis. The patient has chronic pain and when he has flareup, he has to increase his opioids. He has been appropriate with his use and he is currently using between 2 to 4 Norco per day. Recommendation is for patient to continue his medication and "previously recommended treatment." On 09/13/2013, the patient presented for a followup for his cervical occipital sprain with stenosis and headaches. The report notes the "patient is on multiple medications and needs a refill on lorazepam." Found in the medical file are 5 additional progress reports by [REDACTED]. None of these reports discuss current medication regimen or the requested moisturizing cream, promethazine or the triamcinolone cream. Utilization review 12/26/2013 reviewed request for Frova 2.5 mg, moisturizing cream extra dry #240 no refills, promethazine 25 mg #15, and triamcinolone cream 0.1% #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOISTURIZING CREAM EXTRA DRY QTY 240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM 491

Decision rationale: This patient presents with chronic low back pain. The request is for moisturizing cream extra dry. ACOEM guidelines have the following regarding evidence based medicine on page 491. "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." The medical necessity of the requested moisturizing cream is not established. The treater does not explain what the moisturizing cream is going to do for the patient's chronic back condition. Therefore, the request for moisturizing cream extra dry QTY 240 is not medically necessary and appropriate.

PROMETHAZINE 25MG QTY 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This patient presents with chronic low back pain. The request is for promethazine 25 mg quantity #15. The treater may be prescribing this medication for medication nausea as an antiemetic. MTUS and ACOEM guidelines do not discuss Phenergan. However, ODG guidelines states "Promethazine (Phenergan®) is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations." It is not recommended as an antiemetic for chronic opiates use. In this case, there were no surgeries and there are no discussion regarding why this medication is being prescribed. Therefore, the request for Promethazine 25mg QTY 15 is not medically necessary and appropriate.

TRIAMCINOLON CREAM 0.1% QTY 80: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 8

Decision rationale: This patient presents with chronic low back pain. The request is for triamcinolone cream 0.1%. The MTUS, ACOEM and ODG guidelines do not discuss Triamcinolone cream. Triamcinolone is a topical corticosteroid. There are no reports that discuss this request. There are no skin lesion or condition that would warrant the use of this medication. It is certainly not indicated for the patient's chronic pain condition. Per MTUS page 8, the treater must provide monitoring and make appropriate treatment recommendations. Therefore, the request for Triamcinolon cream 0.1% QTY 80 is not medically necessary and appropriate.