

Case Number:	CM14-0106315		
Date Assigned:	07/30/2014	Date of Injury:	11/01/2005
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation, 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 injured worker is a 42 year-old male with a reported date of injury on 11/01/2005. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include low back pain, status post microdiscectomy and foraminotomy, laminectomy at L4-L5 and L5-S1, failed laminectomy syndrome, reactive depression, chronic constipation from narcotic use, dyspepsia from medications, insomnia and history of recent motor vehicle accident. His previous treatments were noted to include medications and surgery. The progress note dated 06/10/2014 revealed the injured worker complained of a stabbing pain in his lower back, more on the left than the right. He revealed the pain radiated more down his right leg than the left with a burning component. The injured worker revealed he would have severe spasms at times and he could hardly stand to walk. The injured worker revealed that he could not function without medications and reported a 50% decrease in his pain during the day with the medications versus not taking them at all. The injured worker revealed he had 50% functional improvement with activities of daily living with the medications versus not taking them at all. The injured worker rated his pain 8 out of 10 and at best a 5 out 10 with his medications and a 10 out of 10 without them. The physical examination to the lower back revealed limited range of motion. There was also a positive straight-leg raise test bilaterally and a sensory loss at the left lateral calf and bottom of his foot. His deep tendon reflexes were noted to be 1+ at the knees and ankles and the toes are down going to plantar reflex bilaterally. The palpation revealed muscle rigidity in the lumbar trunk suggesting muscle spasm. His medication regimen was noted to include Oxycontin 80mg twice daily for chronic pain, Norco 10/325mg 1 tablet every 4-6 hours as needed for breakthrough pain, Ibuprofen 800mg 3 times a day for inflammatory component of pain, Prevacid 30mg daily for dyspepsia, Zofran 8mg twice daily as needed for nausea as a side effect from narcotic use, Baclofen 20mg 3 times a day as needed for back spasms, Lunesta 3mg at

bedtime for insomnia due to pain and Zoloft 100mg tablets daily for depression. The request for authorization form dated 06/13/2014 was for Norco 10/325mg #140 for breakthrough pain; however Phenergan 25mg, #5, Mybetriq 50mg #30, Brinzofran 8mg #30, did not have the provider's rationale and was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg #5: Upheld

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

Decision rationale: The injured worker has complaints of insomnia and opioid induced nausea. The ODG guidelines do not recommend anti-emetics for nausea and vomiting secondary to chronic opioid use. The nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Phenergan is recommended as a sedative and anti-emetic in preoperative and postoperative situations. The guidelines do not recommend anti-emetics for opioid induced nausea and the injured worker has not been shown to have surgery to warrant Phenergan. Additionally, the request failed to provide the frequency at which his medication is to be utilized. Therefore, this request is not medically necessary.

Norco 10/325mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least August 2012. According to the MTUS guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors should be addressed. The injured worker rated his pain at best a 5 out of 10 with his medications and 10 out of 10 without them. The injured worker reported 50% functional improvement with activities of daily living with the medications versus not taking them at all. The provider indicated the injured worker showed no signs of abusing the medication and that he was on the very lowest dose of narcotic to maintain his level of function. The provider also indicated the urine drug screens have been appropriate; however, it is unclear when the last test was performed. The injured worker has met the 4 A's for opiate utilization, however, the request

failed to provide the frequency at which his medication is to be utilized. Therefore, this request is not medically necessary.

Myrbetriq 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Care Excellence (NICE), Mirabegron for treating symptoms of overactive bladder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, MedlinePlus-Mirabegron.

Decision rationale: Myrbetriq is utilized for overactive bladder symptoms. Myrbetriq is in a class of medications called Beta-3 adrenergic agonist. It works by relaxing the bladder muscles to prevent urgent, frequent or uncontrolled urination. There is a lack of documentation regarding overactive bladder to warrant Myrbetriq. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, this request is not medically necessary.

Brinzofran 8mg #30: 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 Official Disability Guidelines (ODG), Pain, Antiemetics.

Decision rationale: The ODG does not recommend anti-emetics for nausea and vomiting secondary to chronic opioid use. The guidelines recommend Zofran for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. The guidelines do not recommend Zofran for nausea and vomiting for opioid use, instead it is for chemotherapy or radiation treatment or postoperatively for postoperative nausea. Clarification is needed on the name of the requested medication as there is no guideline or documentation within a search of disability guidelines. Additionally, the request failed to provide the frequency in which this medication is to be utilized. Therefore, this request is not medically necessary.