MAXIMUS Federal Services

Case Number:	CM14-0133524		
Date Assigned:	08/27/2014	Date of Injury:	08/03/2007
Decision Date:	10/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine 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:

Medical records from 2009 to 2014 were reviewed which showed chronic low back pain, 6-10/10, radiating down to the posterior right leg and right hip, accompanied by localized neck pain 5-8/10, muscle spasms of the neck noted to affect driving, with pain and tension between shoulder blades. Patient likewise complained of frequent headaches involving the frontal, temporal, and maxillary sinuses, bilateral. Patient reported to he is unable to walk more than 3 blocks without having to sit down due to severe muscle spasms in the low back and severe pain in the right hip. Patient reported decreased quality of sleep as he wakes up at night due to pain. Patient did not have other subjective complaints which include pruritus of the skin, rashes or gastrointestinal complaints such as nausea or vomiting. Physical examination from latest progress notes dated 07/02/2014 showed skin to have no rashes or ulcers. There was limited range of motion of the right hip and lumbar spine. There was moderate pain upon palpation of the lumbar paraspinal and along right hip region; moderate pain along the mid thoracic paraspinals, rhomboids, and trapezius. Straight leg raise was positive. Motor testing was 5/5 except for right hip flexors, right hamstrings, right dorsiflexors and plantarflexors, and adductors which were 4/5. Sensory testing and reflexes were normal. Treatment to date physical therapy, TENS, chiropractic, and medications: tramadol 50mg, ibuprofen 800mg, Neurontin 300mg, Flexeril 10mg, Omeprazole, and fentanyl patches. Compazine 10mg tablet was prescribed last May 2014 for nausea and vomiting caused by Fentanyl patch and Benadryl to counteract side effect of pruritus with fentanyl. Utilization review dated 08/07.2014 denied the request for Compazine 10mg since guidelines do not support use of anti-emetics for nausea and vomiting secondary to chronic opioid use. Benadryl 25mg was likewise denied since ODG do not support the use of Benadryl for the treatment of pruritus due to opiate transdermal patches. Lastly,

request for unknown anesthetic ointment/ pain cream was denied since CA MTUS states that topical analgesics are generally not recommended for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compazine 10mg (unknown quantity) between 7/2/2014 and 9/28/2014: 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 ODG) Pain, Antiemetics (for opiod nausea)

Decision rationale: Compazine is a phenothiazine that has sedative and anti-emetic properties with multiple central nervous system effects such as somnolence, confusion and sedation.CA MTUS does not specifically address Antiemetics. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) was used instead. ODG states that Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. In this case, the patient has been prescribed Compazine 10mg for nausea and vomiting caused by fentanyl patch. Medical records provided did not show any subjective evidence of gastrointestinal complaints including nausea and vomiting. Furthermore, the guideline clearly states that Antiemetics are not recommended for nausea and vomiting secondary to opioid use. Moreover, the quantity of medications to be dispensed was not specified. Therefore, the request for Compazine 10 mg (unknown quantity) is not medically necessary.

Benadryl 25mg (unknown quantity) between 7/2/2014 and 9/28/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Food and Drug Administration, Benadryl

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and FDA was used instead. Benadryl is diphenhydramine with acetaminophen and phenylephrine. It is indicated for temporary relief of occasional headaches and minor aches and pains with accompanying itchiness. In this case, Benadryl 25mg was prescribed to counteract side effect of pruritus with fentanyl. Medical records provided did not show subjective evidence of pruritus and there was no documentation of any skin irritation. Moreover, the frequency of medication intake and quantity of medication to be dispensed were not

indicated. Therefore, the request Benadryl 25mg (unknown quantity) was not medically necessary.

Prescription for unknown anesthetic ointment/prain cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical lidocaine, an anesthetic agent covered by the CA MTUS Chronic Pain Medical Treatment Guidelines, is only approved for use as lidocaine dermal patch for neuropathic pain. Topical formulations of lidocaine (whether lotions, creams, or gels) are not indicated for neuropathic and non-neuropathic pain complaints. In this case, there was no documentation of any neuropathic pain based on the physical examination findings. The clinical indication for the use of anesthetic ointment was not clearly established. More importantly, the exact topical anesthetic agent was not specified. Therefore the request for unknown anesthetic ointment/ pain cream is not medically necessary.