

Case Number:	CM14-0133780		
Date Assigned:	08/25/2014	Date of Injury:	04/02/2008
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 Medicine and is licensed to practice in Texas and Ohio. 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 37-year-old male, who reported injury on 04/02/2008, reportedly while transporting an inmate sustained injuries to his head. The injured worker recalls stopping at [REDACTED], and did not remember from then on. He recalled pulling into the parking lot and walking and opening the front door. The injured worker stated he was unconscious; however, how long he was unconscious was unknown. The injured worker's treatment history included CT scans, urine drug screen, laboratory studies, cerebral angiogram, MRI studies, and medications. The injured worker was evaluated on 07/09/2014, and it was documented that the injured worker had seizures, headache, and depression. Objective findings: Cardiovascular, regular sinus rhythm, regular rate and rhythm, normal S1/S2; respiratory was clear to auscultation bilaterally; back range of motion was 45 degrees, bilateral sacroiliac joint tenderness, lumbar paraspinal tenderness, pain with flexion, pain with lateral bending, pain with lateral rotation, and perillumbar tenderness. The provider noted the injured worker's pain was under control with pain medications by 50%. The provider noted the injured worker still had constant headaches. Medications included Naprosyn 500 mg, Zomig 5 mg, Dilantin 100 mg, Keppra 500 mg, Meclizine HCl 25 mg, Valium 2 mg, MS Contin 15 mg, Butrans patches 10 mcg/hour, and Vicodin ES 7.5/325 mg. Diagnoses included epilepsy and recurrent seizures, with intractable epilepsy, peripheral neuropathy, seizures, insomnia due to medical condition classified elsewhere, headache, and lumbago. The Request for Authorization, dated 07/14/2014, was for meclizine HCl 25 mg, Valium 5 mg, and Norco 10/325 mg. The rationale for medication: The provider noted injured worker's pain was under control with prescribed medications by about 50%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine HCL 25mg #90: 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 (acute & 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 (Chronic), Antiemetic's (for opioid nausea).

Decision rationale: The request for Meclizine HCL 25 mg #90 is not medically necessary. The Official Disability Guidelines (ODG) does not recommend Meclizine for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastro paresis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In addition, the documentation provided does not indicate the injured worker having a diagnosis of cancer or acute/postoperative therapy. The request submitted failed to indicate frequency and duration of medication. Given the above, the request is not medically necessary.

Valium 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted could determine duration

of use for the prescribed Valium. Additionally, the request lacked frequency and duration of medication. As such, the request for Valium 5 mg # 90 is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lortab, Margesic-H, Maxidone, Norco, Stagesic, Vicodin, Xodol, Zydone, generics available).

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

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there was lack of outcome measurements of conservative care such as, physical therapy or home exercise regimen or long-term functional goals noted for the injured worker. The request lacked frequency and duration of medication. Given the above, Norco 10/325 mg # 60 is not medically necessary.