

Case Number:	CM14-0154797		
Date Assigned:	09/24/2014	Date of Injury:	04/07/1992
Decision Date:	10/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The patient is 58-year-old female who has submitted a claim for other back symptoms associated from an industrial injury date of 04/07/1992. Medical records from 2014 were reviewed, the patient complains of low back pain and bilateral lower extremity pain described as stabbing, throbbing, cramping pain with associated numbness. Physical examination revealed diffuse tenderness and spasm of the lumbar area, sacral area and sacroiliac joint. Limited range of motion was also noted. Straight leg raise test was negative. Treatment to date has included oral medications, such as Percocet (03/2014) and Phenergan (since 08/2014) and physical therapy. Utilization review from 09/10/2014 modified the request for unknown prescription of Percocet to 1 prescription of Percocet up to #70 for weaning purposes. The request for unknown prescription of Phenergan was denied. Promethazine is not recommended in the case of nausea secondary to opioid use. Its use is primarily recommended in the acute stage as a sedative and antiemetic in pre and postoperative situations. This medication is not recommended for use in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Percocet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Percocet since March 2014. In the records submitted, no specific objective measures of analgesia and functional improvements such as improvements in activities of daily living were documented. Urine drug screen dated 03/28/2014 also showed positive results for opiates, hydromorphone and morphine. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the request does not include dosage and duration. The request is lacking. Therefore, the request for unknown prescription of Percocet is not medically necessary.

Unknown prescription of Phenergan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Promethazine (Phenergan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-emetic for opioid (nausea): Promethazine

Decision rationale: CA MTUS does not address the topic on Promethazine. Per strength of evidence hierarchy established by CA Department of Industrial Relations, Division of Worker's Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Promethazine (Phenergan) is a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion, sedation, tardive dyskinesia, and anticholinergic effects. In this case, the patient has been taking Phenergan since at least 08/2014. The patient has been complaining of nausea, related to intake of opioids. However, this medication is indicated for pre and postoperative situations. In addition, the frequency and dosage of the medication was not stated. There is no clear indication for this request. Therefore, the request for unknown prescription of Phenergan is not medically necessary.