

Case Number:	CM14-0170774		
Date Assigned:	10/23/2014	Date of Injury:	11/25/1997
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/15/2014

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, 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 59-year-old female with a date of injury of 11/25/2007. According to progress report, 09/17/2014, the patient presents with: 1. Hypothyroidism. 2. Pain, low back. 3. Fatigue. 4. Constipation. 5. Menopausal symptoms. 6. Migraine, without mention of intractable migraine. According to progress report 09/17/2014, the patient presents with complaints of fatigue, lacking energy, headache, and chronic pain. Pain is reduced with medication and patient's current pain medications allow for "improved function and improved quality of life." Patient denies any side effects with medications. Physical examination revealed, "Examination revealed heart RRR. Lungs clear to auscultation bilaterally. Neurologic exam: Tender areas in multiple locations." The physician is requesting a refill of medications. Utilization review denied the request on 09/24/2014. The medical file provided for review includes progress reports from 05/15/2014 through 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Promethazine 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-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 Chapter states Promethazine (Phenergan®)

Decision rationale: This patient presents with complaints of fatigue, lacking energy, headache, and chronic pain. The physician is requesting a refill of Promethazine 25 mg. Review of the medical file indicates the patient has been taking this medication since 05/15/2014. The physician states in his report 09/24/2014, that the patient is taking this medication "due to her suffering from chronic migraine headaches which caused nausea." The MTUS and ACOEM Guidelines do not discuss Promethazine. However, the ODG guidelines under its Pain Chapter state "Promethazine (Phenergan) is a Phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations." In this case, the ODG allows this medication for pre and post-operative nausea only. The request is not medically necessary.

1 prescription for Trazodone 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 13-15.

Decision rationale: This patient presents with complaints of fatigue, lacking energy, headache, and chronic pain. The physician is requesting a refill of Trazodone 50 mg. Trazodone is classified as an anti-depressant. The MTUS Guidelines on anti-depressants pages 13 to 15 states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. Review of the medical file indicates that the patient has been taking this medication since 05/15/2014. In this case, the patient does not present with major depressive disorder or complaints of insomnia. Furthermore, there is no documentation that the patient suffers from neuropathic pain for which this medication is also intended for. The request is not medically necessary.

1 Prescription of Morphine sulfate 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

Decision rationale: This patient presents with complaints of fatigue, lacking energy, headache, and chronic pain. The physician is requesting a refill of morphine sulfate 60 mg. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse

behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been taking this medication since 05/15/2014. The physician states in his progress reports that the patient has reduction in pain, improved function and improved quality of life with no side effects with current medication regimen. In this case, recommendation for further use cannot be made as the physician does not provide urine drug screens to monitor for medication compliance. MTUS requires random urine drug screens for low-risk patients as a criteria for opiate management for long-term opiate usage. Furthermore, only general statements are provided regarding analgesia and function without discussion regarding specific ADL changes to determine significant improvement. Given the lack of sufficient documentation for opiate management, the request is considered not medically necessary.