MAXIMUS Federal Services

Case Number:	CM14-0176579		
Date Assigned:	10/30/2014	Date of Injury:	07/01/1992
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/25/2014

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 Orthopedic Spine Surgeon, and is licensed to practice in Texas. 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 51-year-old female, who reported injury on 07/01/1992. The injured worker's medications include oxycodone 30 mg 3 times a day, tizanidine 4 mg twice a day, diazepam 10 mg 3 times a day, Lyrica 100 mg 3 times a day, and Soma 350 mg twice a day. The mechanism of injury was not provided. The injured worker had multiple MRIs of the lumbar spine. Surgical history included a cervical fusion, 2 right shoulder surgeries, and 1 left shoulder surgery. Prior treatments included medications, physical therapy, surgery, and home health care. The documentation indicated the injured worker had utilized promethazine since at least early 2014. The documentation of 09/23/2014 revealed the injured worker had jabbing neck pain that bothered her the most. The pain was noted to radiate over the right shoulder with an intensity of 5/10. The pain could go up to a 9/10. With medications, the symptoms were under control and the pain was down to 5/10. The documentation indicated the injured worker had headaches, nausea, dizziness, and loss of balance. The injured worker indicated that when she lies down the room spins; the Valium was noted to calm it down and the Phenergan worked well for this. There was noted to be no significant change in the findings. The request was made for Valium 3 times a day and promethazine 25 mg 2 tablets per day. Additionally, it was indicated the injured worker received oxycodone refills previously. There was a Request for Authorization submitted for review, dated 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 MG #90 with 4 Refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that benzodiazepines are not recommended as treatment for patients with chronic pain for longer than 4 weeks, due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Additionally, the request failed to indicate a necessity for 4 refills without re-evaluation. Given the above, the request for Valium 10 mg #90 with 4 refills is not medically necessary.

Phenergan 25 MG #60 with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiemetics (for Opioid Nausea).

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, Anti-emetics

Decision rationale: The Official Disability Guidelines indicate that antiemetics are appropriate for the treatment of nausea secondary to surgical intervention. There was a lack of documentation indicating exceptional factors to support the use of the medication. The documentation indicated the medication was working for the injured worker. However, the use of this medication for symptoms of nausea and vomiting is not supported without surgical intervention. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation indicating a necessity for 4 refills without re-evaluation. Given the above, the request for Phenergan 25 mg #60 with 4 refills is not medically necessary.