

Case Number:	CM14-0178849		
Date Assigned:	11/03/2014	Date of Injury:	03/07/2009
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 underlying date of injury in this case is 03/07/2009. The date of the utilization review under appeal is 10/21/2014. The patient's treating diagnoses include chronic low back pain with a history of L5-S1 discectomy and partial vertebrectomy and disc replacement, minimal right sciatica, pain-related depression, pain-related insomnia, and history of weight gain and hypertension. On 09/04/2014, the patient was seen in primary treating physician follow-up. The patient reported that she was having difficulties obtaining authorization for her medications. Phenergan was not being approved, although Provigil and Flector Patches were approved. The patient reported some slight sedation after taking Cymbalta, although she had been taking it at night. She noted fatigue with Lexapro and fatigue with Zoloft and tremulousness with Celexa. The patient had completed a course of six sessions of therapy to the low back and continued with her exercise program. The patient was continuing to use a Flector Patch to her low back, and she was also being treated with oxycodone, Cymbalta, Voltaren, and Wellbutrin. The patient reported approximately 50% reduction in pain with oxycodone and Flector Patches and described her pain as 8/10 in intensity without her medications and 4/10 in intensity with her medications. The treating physician noted the patient's pain medications were necessary to help manage her pain so that she could function with upright activities of daily living including her work activities which sometimes involved bending and lifting. The Phenergan was noted to be necessary to manage nausea since her lumbar surgery. Cymbalta and Wellbutrin were necessary to help depression. Provigil was necessary to alleviate the patient's narcotic-related sedation and to reduce her subsequent fatigue during the day so that she would be more functional with activities of daily living. An initial physician review recommended non-certification of oral and transdermal diclofenac since these were not formulary medications in the Official Disability

Guidelines. This review also noted that the guidelines did not support anti-emetics for nausea due to opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75 mg #30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Meds Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, state that anti-inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The medical records in this case outline an extraordinary degree of polypharmacy along with extensive complications and side effects of medications. It is extremely difficult to determine which medication is causing benefit versus side effects. It is not clear that the patient is receiving a net benefit overall from her medications. The guidelines would support close followup and monitoring of the patient's medications along with minimizing the patient's polypharmacy. Although an NSAID may be appropriate in this situation, it would not be appropriate to prescribe medications with a refill given the need for close supervision at this time. Therefore this request is not medically necessary.

Promethazine 25 mg #30 with 1 refill: 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 FDA-approved labeling

Decision rationale: FDA-approved labeling information recommends this medication for prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery and as a therapy adjunct for the control of postoperative pain as well as for postoperative anti-emetic therapy and for treatment of motion sickness. This medication is not indicated for chronic pain. The medical records do not document an indication for which this medication is being recommended. If this medication is being used for nausea related to the patient's medications, in this chronic setting the guidelines would instead recommend close review of polypharmacy and indications for each of the patient's medications. Overall, this request is not supported by the medical records and treatment guidelines. This request is not medically necessary.

Diclofenac Transdermal 1.3% #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, state regarding topical anti-inflammatory medications, page 111, that the efficacy of topical anti-inflammatory medications has been inconsistent in clinical trials and most studies are of short duration. Thus, there is only questionable benefit from this medication, particularly in a chronic setting, and particularly in this setting of extensive polypharmacy. A rationale or indication for this medication is not apparent from the medical records and treatment guidelines. This request is not medically necessary.