

Case Number:	CM14-0179778		
Date Assigned:	11/04/2014	Date of Injury:	09/16/1998
Decision Date:	12/09/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia 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:

This individual is a 46 year old male who sustained an industrially related injury on September 16, 1998 involving his lower back. He has a complaint of recurring pain in his lower back with radicular symptoms to his right buttock and groin. His pain level is described as being between 4/10 and 9/10 during a flare up depending on his medication status. Available medical record notes he is status post fusion of L4-5 and L5-S1. The latest physical examination from the available medical record notes an antalgic gait, a significant right foot drop, decreased strength in the right ankle (not defined) and decreased sensation in the S1 dermatomal distribution. He is noted to have received multiple "pain shots" of Morphine and Phenergan through 2012 and 2013 per the available medical record. He is also noted to have received ESI on a recurring basis with the record indicating good effect and extended pain control. This request is for an intramuscular morphine injection as we as oral Norco for pain control and a diagnostic SI block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 10 mg with 24 mg of Phenergan into Gluteal Region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids; Pain and Mental Illness & Stress, Promethazine (Phenergan); Pain (Chronic)

Decision rationale: MTUS states regarding the use of opiates that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." ODG also indicates that the use of opiates should clearly result in reduction in the use of pain medications and improved function. This individual has had multiple morphine injections with detailed temporary decrease in pain levels but no documented improvement following the immediate short term effect in any of the required criteria areas, including increased level of function or improved quality of life. Phenergan is the brand name version of Promethazine, which is an anti-nausea medication. MTUS is silent specifically regarding promethazine, so other guidelines were utilized. ODG states regarding promethazine, "Not recommended for nausea and vomiting secondary to chronic opioid use." ODG additionally cites another possible indication of use as a sleep aid, when "sedating antihistamines are not recommended for long-term insomnia treatment." And "Tolerance seems to develop within a few days." Presumably this medication is being utilized for opioid induced nausea but the treating physician does not describe any GI symptoms in the available medical notes. ODG does not recommend this medication for opioid induced nausea. As such, the request for an injection of Morphine 10 mg with 24 mg of Phenergan is deemed not medically necessary.

Norco 10/325 mg # 140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks. Norco has been used in this case since at least 9/13, far in excess of recommendations. The request alone is for a 35 day supply of medications. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document intensity of pain after taking opioid, pain relief,

increased level of function, or improved quality of life as related to the use of this medication. As such, the request for Norco is deemed not medically necessary.

Diagnostic block into the Left Sacroiliac Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter and on Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections/

Decision rationale: The MTUS is silent on the use of SI joint injections. The ODG states the criteria for SI joint injection includes; 3 positive examination findings and that the individual should have tried and failed at least 4-6 weeks of aggressive conservative therapy to include physical therapy, home exercise and medication management. The available medical records do not provide indications of 3 positive SI examination findings, nor does it document the failure of the conservative therapies recommend by the ODG. As such, the request for a Left SI diagnostic block is deemed not medically necessary.