

Case Number:	CM14-0021827		
Date Assigned:	05/09/2014	Date of Injury:	12/05/1998
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 59 year old female who is reported to have sustained work related injuries on 12/05/98. The records suggest that the injured worker sustained a slip and fall injury striking her knee. The record indicates that the injured worker currently has complaints of low back pain with pain to her left hip increased with walking. She is further reported to have pain in the bilateral knees. She ambulates with the use of a 4 wheel walker for support. It is reported that she is unable to walk more than 50 feet without medications. It is reported that she has started to decrease her pain medication Oxycontin to 2 tablets in the morning, 1 mid-day, and 2 at night. She is taking Oxycodone every 4 hours. She reports that her pain levels are 2/10 while on medications. She is noted to currently be using Lidoderm 5%, Promethazine 25mg, Flector 1.3% patch, and opiate medications. On physical examination dated 01/22/14, she is reported to be capable of self-care. She has complaints of stiffness and back pain. She has subjective reports of muscle weakness. She is noted to have a painful and antalgic gait. There is tenderness over the lumbar paraspinal musculature. Marked tenderness over the facet joints. She has tenderness over the greater trochanters. She has decreased upper extremity range of motion secondary to pain with similar complaints in the lower extremities. She is reported to have decreased sensation in the right foot and toes. The record includes a utilization review determination dated 02/11/14 in which requests for Oxycodone 15mg #240 and Promethazine 25mg #60 with 1 refill were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Oxycodone 15mg #240 is not supported by the submitted clinical information. The available medical record indicates that the injured worker is a 59-year-old female who is reported to have sustained multiple injuries as a result of a slip and fall occurring on 12/05/98. The record does not provide any data to indicate that the injured worker has received surgery for any of these injuries. She is noted to have chronic myofascial pain. The records do not provide sufficient information to justify the need for the requested medication. Further, there are references to the injured worker obtaining medications outside the country. The record does not provide any urine drug screen results establishing compliance. The record further does not clearly establish that the use of this medication results in substantive functional improvement. It is further to be noted that it appears that the injured worker is being weaned off this medication. Therefore, given the clinical information provided, the request for Oxycodone 15mg #240 is not medically necessary.

PROMETHAZINE 25MG #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 01/07/14), 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, Antiemetics.

Decision rationale: The request for Promethazine 25mg #60 with 1 refill is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic and diffused myofascial pain. There are multiple references to the injured worker having nausea and vomiting; however, this would appear to be secondary to medication use or possible withdrawals. As the request for Oxycodone is not supported and continued use is not medically necessary, the continued use of Promethazine would not be clinically indicated.