

Case Number:	CM14-0026630		
Date Assigned:	06/13/2014	Date of Injury:	08/14/2004
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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, and is licensed to practice in Texas and Oklahoma. 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 44-year-old female who reported an injury on 08/14/2004. The mechanism of injury was not provided within the documentation. Her diagnoses were noted to be failed back surgery, lumbar post laminectomy, lumbar radiculopathy, insomnia, chronic pain, GERD, and chronic nausea. Her previous treatments were noted to be B12 injections, epidural steroid injections, and medications. Current medications were noted to include Naproxen, Omeprazole, Robaxin, Ambien, Norco, Trixiaicin, MS Contin, and Gabapentin. The injured worker had a clinical evaluation on 01/31/2014. It was noted that the injured worker complained of low back pain that radiated down her right lower extremity. She rated her pain 9 /10 in intensity with medications, and 10/10 in intensity without medications. She reported that activities and walking increased her pain. She also reported that her pain had worsened since her last visit one month ago. The physical examination included tenderness to palpation in the spinal vertebral area of L4-S1 levels. Her lumbar spine range of motion was moderately limited secondary to pain. The treatment plan was for the use of a TENS unit and medication refills. The provider's rationale for the requested medications was not provided within the documentation. The request for authorization form was not included within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPAZINE 10 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/compazine.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RxList.com, Compazine, Indications and Dosage. <http://www.rxlist.com/compazine-drug/indications-dosage.htm>.

Decision rationale: The request for compazine 10 mg #60 is non-certified. Compazine is an antipsychotic medication in a group of drugs called phenothiazines. It works by changing the actions of chemicals in your brain. Compazine orally is used to treat psychotic disorders such as schizophrenia. It is also used to treat anxiety, and to control severe nausea and vomiting. When used in the treatment of non-psychotic anxiety, Compazine (prochlorperazine) should not be administered at doses of more than 20 mg per day or for longer than 12 weeks, because the use of Compazine (prochlorperazine) at higher doses or for longer intervals may cause persistent tardive dyskinesia that may prove irreversible. The injured worker does not have a diagnosis of schizophrenia. The injured worker has been prescribed Compazine since at least 09/18/2013. It is not noted why the injured worker is on this medication or that compazine has any efficacy for the patient's symptoms. The request does not indicate a dosage frequency. Therefore, the request for compazine 10 mg #60 is non-certified.

AMBIEN 10 MG #30: 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), Stress & Mental Illness Chapter, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment, Zolpidem.

Decision rationale: The request for Ambien 10 mg #30 is non-certified. The Official Disability Guidelines state that Ambien is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. It is noted within the documentation provided that the injured worker had been using Ambien since at least 08/15/2013. The documentation fails to provide any subjective complaints for insomnia. The guidelines recommend Ambien for short-term use; therefore, continued use of Ambien is not supported. In addition, the request for Ambien does not include a rationale or dosage frequency. Therefore, the request for Ambien 10 mg #30 is non-certified.

NORCO 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91, 76-80.

Decision rationale: The request for Norco 10/325 mg #90 is non-certified. Regarding opioid management, the CA MTUS guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The CA MTUS Medical Treatment Guidelines recommend Norco for moderate to moderately severe pain. The injured worker reported at a clinical evaluation on 01/31/2014 that she had pain rated at 9.5/10 in intensity with medications. The documentation does not provide any functional improvements with use of Norco. The injured worker has been prescribed Norco since 09/18/2013 without any significant pain relief. It is not noted that the injured worker had any side effects or that appropriate use was documented. The clinical evaluation fails to provide an adequate pain assessment and the request for Norco does not include a dosage frequency. Therefore, the request for Norco 10/325 mg #90 is non-certified.

MS CONTIN 60 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for MS Contin 60 mg twice a day #60 is non-certified. Regarding opioid management, the CA MTUS guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The CA MTUS Chronic Pain Medical Treatment Guidelines state MS Contin is a long-acting opioid. The proposed advantage of a long-acting opioid is that they stabilize medication levels and provide around the clock analgesia. The injured worker had a clinical evaluation on 01/31/2014 where she indicated low back pain that radiated down her right extremity. She rated her pain 9.5/10 in intensity with medications. The documentation does not provide any functional improvements with use of MS Contin. The injured worker has been prescribed MS Contin since 09/18/2013 without any significant pain relief. It is not noted that the injured worker had any side effects or that appropriate use was documented. As such, the request for MS Contin 60 mg twice a day #60 is non-certified.