

Case Number:	CM14-0029789		
Date Assigned:	07/23/2014	Date of Injury:	02/12/2010
Decision Date:	09/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/07/2014

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, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 60-year-old female who reported an injury on 02/12/2010 due to an unspecified industrial injury. The injured worker had a history of neck and lower back pain. The diagnoses included gastritis with gastric polyps, hiatal hernia, external hemorrhoids, sigmoid colon hemorrhoids, irritable bowel syndrome, chronic pain with lower back and abdominal pain, and a cervical lumbar sprain/strain. The past treatments included physical therapy and medication. The medications included Ativan 1 mg, Zofran 4 mg, Vistaril 50 mg, Demerol 50 mg, Percocet 10/325 mg, Premarin 0.3 mg, Prevacid, Zocor, and Bentyl 20 mg. The treatment plan included medications. The Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #44: 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 Benzodiazepine Page(s): 24.

Decision rationale: The request for Ativan 1 mg #44 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Benzodiazepines for long-term use and most guidelines limit use to 4 weeks. The clinical notes indicate that the injured worker has been taking the Ativan for greater than 4 weeks, exceeding the recommended time frame. The request did not indicate the frequency. As such, the request is not medically necessary.

Percocet 10-325 mg #127: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Ongoing Management Page(s): 75, 86, 78,.

Decision rationale: The request for Percocet 10-325 mg #127 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical notes did not indicate an increase in function or decrease in pain with the use of the Percocet. The guidelines indicate that Percocet is not intended for long term use. The request did address the frequency. As such, the request is not medically necessary.

Demerol 50mg #92: Upheld

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

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

Decision rationale: The request for Demerol 50mg #92 is not medically necessary. The Official Disability Guidelines do not recommended for either acute or chronic pain control. Meperidine is a narcotic analgesic, similar to morphine, and has been used to relieve moderate to severe pain. Demerol is not recommended. The request did not address the frequency. As such, the request is not medically necessary.

Zofran 4mg #30: 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/pro/zofran.html>.

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

Decision rationale: The request for Zofran 4mg #30mg is not medically necessary. The Official Disability Guidelines (ODG) indicates that this drug is a serotonin 5-HT₃ receptor antagonist. It is Food and Drug Administration (FDA)-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. Zofran is also used for chemotherapy-induced nausea, but not pain. The clinical notes do not indicate a diagnosis of cancer. The request did not address the frequency. As such, the request is not medically necessary.