

Case Number:	CM14-0034629		
Date Assigned:	03/21/2014	Date of Injury:	01/05/1993
Decision Date:	10/16/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/18/2014

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. 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 applicant is a represented [REDACTED] employee who has filed a claim for post-laminectomy syndrome, lumbago, and thoracic or lumbosacral neuritis. She reportedly sustained an industrial injury to the lumbar back on 01/05/93. The mechanism of injury was not stated. The applicant is a 54 year old female who complains of low back pain, hip pain, numbness, and weakness. The pain radiates to the right hip and right leg/foot. The symptoms are made worse with flexion, extension, and activity. The claimant is noted to be taking Vicoprofen 7.5/200mg tabs, 1 by mouth 3 times a day for moderate pain, Soma 350mg tabs, 1 by mouth 4 times a day as needed for spasms, Promethazine 25mg tabs, and 1 by mouth daily severe nausea. In the most recent clinical note dated 03/06/14 by [REDACTED], the applicant continues to complain of low back pain, hip pain, numbness, and weakness but denied urinary retention and incontinence. Since her last visit, the applicant reported increased low back pain and leg pain. She was reportedly seen at [REDACTED] for this 2 weeks ago, where she was given Demerol and Toradol for pain. The applicant was noted to have obtained greater than 70% low back pain and leg pain relief and functional improvement with decreased medication requirements lasting greater than 12-14 weeks from the last lumbar epidural steroid injection on 09/14/13. She has been unable to work since the flare up of her pain. It was noted that she had not yet started physical therapy. The applicant noted that average pain without medications is a 9/10 on the visual analogue scale. With the medications, her pain scores are 3/10. Today, she rates her pain at a 6/10 on the pain scale. The medications prescribed according to the clinical notes are keeping the patient functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. There are no side effects associated with the medications. It is noted that the claimant has a past surgical history of L4-5 fusion anterior and posterior. The physical examination revealed decreased deep tendon reflexes in the lower extremities but equal. A cervical exam and

thoracic exams were noted to be normal. Lumbar sacral exam was noted to have abnormal palpation and tenderness with forward flexion to 35 degrees, hyperextension to 10 degrees, right lateral bend to 15 degrees, left lateral bend to 15 degrees, and positive sitting straight leg raise bilaterally. Toe walking and heel walking are reported to be abnormal. Gait is reported to be normal and there are no paraspinal muscle spasms noted. Strength is noted to be decreased in the right lower extremity and decreased light touch to the right lower extremity. In a utilization review report dated 03/17/14, lumbar trigger point injections which were requested were not recommended because on clinical exam, there was absence of positive clinical features of trigger points which is recommended as per the California MTUS guidelines and standard of practice. The request for Vicoprofen 7.5/200mg was not recommended because neither evidence based guidelines nor the MTUS supports using opioid analgesics with non-steroidal anti-inflammatory drugs (NSAIDs). NSAIDs are 1st line agents for the treatment of acute exacerbation of pain or breakthrough pain that this applicant does not have. Continuation of NSAID preparation with or without opioid combination predisposes the patient to significant cardiovascular and upper GI side effects, which must be avoided. Standard of practice and the California MTUS guidelines recommend using opioid in combination with acetaminophen, which is the most frequently used and recommended combination. The request for Promethazine 25mg, #30 was also not recommended because the provider has prescribed Vicoprofen containing NSAID and it appears that Promethazine is being prescribed on a prophylactic basis. Since Vicoprofen was not recommended, NSAIDs are not recommended, and there is no primary GI disease or secondary upper GI side effects that are documented. [REDACTED] notes that the medications are medically necessary as they provide analgesia help the patient to perform valued activities of daily living, improve affect, and overall quality of life without any intolerable side effects. The applicant was advised to taper the medications as much as possible, and to utilize the lowest effective dose to maintain function. There were no signs of aberrant behaviors or abuse. Urine drug screens are reported to be appropriate. There is a request for lumbar trigger point injections, Vicoprofen 7.5/200 mg #90, and Promethazine 25 mg #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Trigger Point Injection Ultrasound Guided: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Chronic pain, Trigger point injections Page(s): 122.

Decision rationale: The requested lumbar trigger point injections, ultrasound guided, would not be recommended as medically necessary. As per California MTUS guidelines, there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The clinical notes available for review do not document specific trigger points in the physical exam. Also, as noted in the most recent clinical note dated 03/06/14, the claimant had not yet started physical therapy. As per the guidelines, there should be documentation that conservative treatment modalities have failed, such as physical therapy or stretching exercises. In this case, because the specific trigger points are not documented and physical therapy has not yet been tried, the lumbar trigger point injections, ultrasound guided, cannot be recommended as medically reasonable or necessary at this time.

Vicoprofen (7.5/200mg, #90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Non-steroidal anti-inflammatory drugs (NSAIDs), Opio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74-81.

Decision rationale: The requested Vicoprofen 7.5/200 mg, #90 would not be recommended as medically necessary. Vicoprofen is a combination of Vicodin, an opioid analgesic, with the non-steroidal anti-inflammatory drug (NSAID) ibuprofen. California MTUS guidelines note that non-steroidal anti-inflammatory medications are recommended as a second line treatment after acetaminophen. In general, there is conflicting evidence that non-steroidal anti-inflammatory medications are more effective than acetaminophen for acute lumbar back pain. For chronic low back pain, non-steroidal anti-inflammatory medications are recommended as an option for short-term symptomatic relief only. As for the Vicodin, which is an opioid, California MTUS notes that opioids should be considered first-line therapy for only the following circumstances: 1. Prompt pain relief while titrating a first-line drug; or 2. Treatment of episodic exacerbations of severe pain. Neither evidence based guidelines or MTUS supports using opioids analgesics with non-steroidal anti-inflammatory medications. As per evidence based guidelines, opioids should generally be used for short term acute pain. Also, MTUS recommends using opioids in combination with acetaminophen. Therefore, the Vicoprofen 7.5/200 mg #90 cannot be recommended as medically reasonable or necessary at this time.

Promethazine HCL 25mg, #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 2014; and www.durgs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Pain (Chronic) Chapter and on the Non-MTUS Physicians' Desk Reference (PDR), 2014. www.durgs.com

Decision rationale: The requested Promethazine 25 mg #30 with 5 refills would not be recommended as medical necessary. California MTUS guidelines do not apply. Official Disability Guidelines note that anti-emetics such as Promethazine are not recommended for nausea and vomiting secondary to chronic opioid use. The guidelines state that Promethazine is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Since it appears the Promethazine is being prescribed on a prophylactic basis or to prevent nausea associated with the opioid Vicoprofen, it is not recommended because Vicoprofen is also not recommended. Therefore, the Promethazine 25 mg #30 with 5 refills cannot be recommended as medically reasonable or necessary at this time.