

Case Number:	CM14-0039039		
Date Assigned:	04/16/2014	Date of Injury:	09/19/2002
Decision Date:	08/07/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology and is licensed to practice in California. 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 is a 56-year -old female with a date of injury of 09/19/2002. The patient's diagnoses include cervical disc disease, myofascial pain and chronic neck and arm pain. There is documented evidence from 07/03/2013 of a subjective level of pain of 7 to 8 out of 10 and constant. On 08/02/2013 there is documentation of patient reported constant 7 to 8 out of 10 pain and a moderate amount of relief with medications which include duragesic patch, 125 mcg, one every 48 hours, promethazine 25 mg, one b.i.d. for nausea, lamictal 100 mg, one b.i.d. and norco 10/325 mg, one 4 times a day p.r.n. breakthrough pain. On 12/10/2013 documented evidence includes a subjective description of constant pain, a 30% relief with pain medications and utilization of promethazine to counteract nausea caused by the other medications. This patient's medical documentation includes a utilization review on 01/25/2014, which provided a modified certification for norco in order to facilitate weaning. There is evidence of a subsequent appeal request and a re-review of the treatment request. Subjective report of pain on 03/21/2014 is again a 6 to 7 out of 10. There is documentation of a response and utilization review appeal to a utilization review on 03/20/2014. The response includes additional information about why the medications, which were previously non-certified, work for this patient and should be reconsidered.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR #60 PROMETHAZINE 25MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Promethazine is also known as phenergan is a neuroleptic medication used to treat nausea and vomiting in the immediate postoperative period. There are side effects associated with long term use of this medication. These include tardive dyskinesia and choreoathetoid movements of the extremities. Development of these side effects appears to associated with prolonged treatment and in some cases can be irreversible. The MTUS is silent on the issue of prolonged use of promethazine for nausea associated with chronic opioid use. The ODG states promethazine is not recommended for nausea and vomiting secondary to chronic opioid use. Therefore, the above listed issue is considered to be NOT medically necessary.

1 PRESCRIPTION FOR #60 LAMICTAL 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LAMOTRIGINE (LAMICTAL (R)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AED's), Lamictal Page(s): 16-17, 20, 56.

Decision rationale: Lamictal which is also known as Lamotrigine is an antiepilepsy drug (AED) recommended for certain types of neuropathic pain such as postherpetic neuralgia and polyneuropathy. Lamotrigine is not recommended as a first line treatment even for neuropathic pain. There is no clearly documented evidence of neuropathic pain in this patient. According to MTUS guidelines AED's including lamotrigine are not recommended for myofascial pain due to lack of evidence demonstrating reduction in the level of myofascial pain. Therefore, the above listed issue is considered NOT medically necessary.

1 PRESCRIPTION FOR #120 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF OPIOIDS; WEANING OF MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: This patient has documented evidence of chronic neck back pain. Norco is an short acting opioid combined with acetaminophen. MTUS Guideline recommendations for opioids for chronic pain state "Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." There is no clearly documented evidence of reassessment and consideration of

alternative therapy. In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the Guidelines state actions should also include "Continuing review of overall situation with regard to nonopioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. Recommendations for evaluation with a pain specialist for the need for continuation of treatment, escalation of dose and possible weaning is from 12-180 mg morphine equivalents a day. This patient exceeds this number of morphine equivalents a day and thus the upper limit of normal for opioids. Therefore, the above listed issue is considered NOT medically necessary.