

Case Number:	CM14-0041190		
Date Assigned:	06/30/2014	Date of Injury:	02/17/2011
Decision Date:	08/19/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/08/2014

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, has a subspecialty in Pain Management, 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 50-year-old male with a 2/17/2011 date of injury. A specific mechanism of injury was not described. The 3/14/14 determination was modified. A certification was rendered for a trial of Lyrica and a non-certification was given for retro Norco and Phenergan. Reasons for non-certification included that long-term opioid therapy is not recommended by current evidence based guidelines and that weaning opioids would be the most appropriate plan for nausea and vomiting secondary to chronic opioid use. The 2/18/14 medical report identified persistent low back pain radiating to both his lower extremities with numbness and tingling to both legs, and pins/needles sensation on his feet. The pain level goes down from 9/10 to 2/10. He gets relief within 45 minutes and last approximately 4 hours. He takes that Phenergan as needed for nausea. Exam was cited as no significant change. Treatment to date includes medication and knee injections. According to the records, it appeared that the patient is seen by the requesting provider every two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 #360 (Dispensed 2-18-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC 2014 Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 Page(s): 79-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf.

Decision rationale: The patient has chronic pain and was managed with opioid medication. The records document appropriate ongoing efficacy. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding endpoints of treatment. The records do not clearly reflect lack of adverse side effects or aberrant behavior, given concurrent request for Phenergan due to nausea/vomiting and absent documentation of urine toxicology tests or CURES report. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Given that the request is for retrospective dispensed medication and failure to completely comply with guidelines for continued opioid treatment, the request as proposed is not medically necessary.

Retrospective Phenergan 25mg #60 (Dispensed 2-18-14): 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, 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 for opioid nausea.

Decision rationale: ODG states that Phenergan is recommended as a sedative and antiemetic in pre-operative and post-operative situations. In addition, ODG states that anti-emetic for opioid nausea is not recommended. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. There is no indication that other etiology for the nausea/vomiting had been proposed, or that decrease/discontinuation of opioids is intended due to side effects. There was no indication for the continued use of the requested medication. Therefore, the request is not medically necessary.