

Case Number:	CM14-0052711		
Date Assigned:	07/07/2014	Date of Injury:	08/29/2012
Decision Date:	08/28/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 43-year-old male with an 8/29/12 date of injury. The mechanism of injury was not noted. According to a 2/14/14 progress report, the patient stated that his headaches have significantly been reduced from daily headaches down to 2 to 4 headaches per month due to amitriptyline. The headaches last about a day and are rated at 8/10 to 9/10, which come down to about a 6/10 when he uses the tramadol. He uses Motrin to help with the pain, and he takes the Norco during the nighttime because he feels more impaired during the day with it, so he uses Tramadol during the day. He gets nausea from the Norco, which is helped with the Phenergan. He gets some stomach upset with the Motrin, which is helped with the Prilosec. Objective findings: good ROM of cervical spine, very mild tenderness to palpation of the cervical paraspinal muscles. Diagnostic impression: headache. Treatment to date: medication management, activity modification. A UR decision dated 4/7/14 modified the request for Norco from 120 tablets to 90 tablets for weaning purposes and denied the requests for Phenergan and urine drug screen. Regarding Norco, the patient's date of injury was nearly 3 years ago. A pain contract is not mentioned in the records provided. Discussion with respect to weaning, change in medications, orientation, functionality, and benefit has not been documented. There is documentation of ongoing adverse effects related to this drug. Regarding Phenergan, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. They are recommended for acute use as noted per FDA-approved indications. Regarding urine drug screen, results of previous urine drug screens were not reported. There is support for a UDS only if the results are incorporated into the care. There is no history of substance abuse or issues with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (dispensed 02/14/14) quantity: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living from Norco use. In addition, a urine drug screen dated 2/14/14 was inconsistent for Hydrocodone, the opioid ingredient in Norco. There is no documentation that the provider has addressed this issue. Furthermore, there is documentation in the report dated 2/14/14 that the patient has ongoing side effects such as sedation and nausea from Norco use. Therefore, the request for Norco 10/325 mg (dispensed 02/14/14) quantity: 120.00 were not medically necessary.

Phenergan 25mg (dispensed 02/14/14) quantity: 120.00: 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.

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: FDA (Phenergan).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Phenergan is indicated for active and prophylactic treatment of motion sickness; antiemetic therapy in postoperative patients; anaphylactic reactions; as adjunctive therapy to epinephrine and other standard measures, after the acute manifestations have been controlled; preoperative, postoperative, or obstetric sedation; or prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery. According to the reports reviewed, it is documented that the patient is taking Phenergan to relieve the nausea from Norco. FDA guidelines do not support the use of Phenergan for the relief of opioid-induced nausea. Therefore, the request for Phenergan 25mg (dispensed 02/14/14) quantity: 120.00 were not medically necessary.

Urine drug screen (collected 02/14/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Use of Opioids Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. There were no prior urine drug screens provided in the reports reviewed. The patient is currently taking Norco and Tramadol. Guidelines recommend urine drug screens in patients utilizing chronic opioid medications. Therefore, the request for Urine drug screen (collected 02/14/14) was medically necessary.