

Case Number:	CM14-0053869		
Date Assigned:	07/07/2014	Date of Injury:	11/15/2002
Decision Date:	08/27/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/22/2014

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 Preventative Medicine and is licensed to practice in Iowa. 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 employee is a 51 year old male with date of injury of 11/15/2002. A review of the medical records indicates that the patient is undergoing treatment for chronic pain secondary to a history of head injury and migraines. Subjective complaints include neck pain uncontrolled by medications. Objective findings include painful cervical facet joints, tender paraspinal muscles, painful midline and paraspinal muscles in the cervical area. Treatment has included fentanyl, Norco, oxycodone, Duragesic, Dilaudid. The utilization review dated 3/19/2014 non-certified Phenergan 25 mg #30, Phenergan 25mg injection, and toradol 60 mg injection, and partially certified Norco 10/325 #310 with 3 refills to Norco 10/325 #248.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Antiemetics.

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

Decision rationale: The Official Disability Guidelines state that anti-emetics for opioid nausea are not recommended. Phenergan is recommended as a sedative and anti-emetic in pre-operative and post-operative situations. Nausea and vomiting are common with the use of opioids. These side effects tend to diminish over days to weeks of continued exposure. As guidelines do not recommend the use of anti-emetics, the current request for the ongoing use cannot be determined as medically appropriate. The request for Phenergan 25mg, #30 with one refill is not medically necessary and appropriate.

Norco 10/325 #310 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco, in excess of the recommended 2-week limit. As such, Norco 325/10mg, #310 with 3 refills is not medically necessary.

One (1) Phenergan 25mg injection:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Antiemetics.

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

Decision rationale: The Official Disability Guidelines state that anti-emetics for opioid nausea are not recommended. Phenergan is recommended as a sedative and anti-emetic in pre-operative and postoperative situations. Nausea and vomiting are common with the use of opioids. These side effects tend to diminish over days to weeks of continued exposure. As guidelines do not recommend the use of anti-emetics, the current request for the ongoing use cannot be determined as medically appropriate. The request for Phenergan 25mg injection is not medically necessary and appropriate.

One (1) Toradol 60mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, toradol.

Decision rationale: The MTUS Chronic Pain guidelines note that Ketorolac (Toradol) is not indicated for minor and chronic painful conditions and the Official Disability Guidelines indicate there is inconsistent evidence for the use of Ketorolac (Toradol) to treat long-term neuropathic pain. The submitted medical records show that the employee has intramuscular Toradol injections monthly with the latest on 2/18/2014, with no discussion of efficacy. There does not appear to be any significant change in examination findings or subjective complaints after these injections started. The submitted medical records do not support the need for intramuscular Toradol. The requested intramuscular injection of Toradol is not medically necessary and appropriate.