

Case Number:	CM14-0067076		
Date Assigned:	07/02/2014	Date of Injury:	06/12/2007
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 Interventional Spine 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:

The patient is a 47-year-old patient with date of injury of 06/12/2007. The listed diagnosis per [REDACTED] ER report dated 02/26/2014 is neck pain and headaches. The only report provided for review did not contain any physical exam or subjective complaints. The utilization review, however, references a report dated 03/05/2014 noting that the patient was seen for a follow-up for the left shoulder. The patient is complaining of symptoms including neck pain radiating upwards to the head creating a right temporal diffused headache. The patient appeared a bit distressed. On examination, there was tenderness over the paraspinal muscles. There was no change on the left shoulder. The patient was diagnosed with shoulder pain and the patient's current list of medications includes Prochlorperazine, Ibuprofen, Promethazine, and Propranolol. The utilization review denied the request on 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen (Motrin) 200mg, take 200mg by mouth q6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22, 8.

Decision rationale: The MTUS Guidelines regarding antiinflammatory medications recommends anti-inflammatories as a traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. In addition, MTUS guidelines on pain outcomes and end points states that periodical review of the course of treatment for patients may be necessary in continuation or modification of pain management to evaluate the progress towards treatment objectives. In this case, the only report provided for review does not provide any documentation of medication efficacy, pain assessment, and functional improvement with the use of ibuprofen. Given the lack of documented functional improvement and medication efficacy, the request for Ibuprofen (Motrin) 200 mg, take 200 mg by mouth Q6 hours is not medically necessary and appropriate.

Promethazine (Phenergan) 25mg: 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 Chapter; Promethazine, Antiemetics.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines (ODG) on antiemetics for opiates do not recommend promethazine for nausea and vomiting secondary to chronic opiate use. It is only recommended for acute use as noted per FDA approved indications. The review of 14 pages of records do not show when the patient started taking this medication and for what symptom it was treating. In this case, promethazine is a drug that is recommended as a sedative and anti-emetic in pre-operative and post-operative situations. The patient does not appear to be pre-op or post-op and the treating physician does not explain why the patient is being prescribed this medication. Given the lack of guideline support, the request for Promethazine (Phenergan) 25 mg is not medically necessary and appropriate.

Prochlorperazine (Compazine) 10mg #90 Refill 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12390617>.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Aetna.

Decision rationale: Aetna on migraine and cluster headache; nonsurgical management states that for severe migraine headaches, alternative medication include intravenous administration of neuroleptics such as chlorpromazine and prochlorperazine, occasionally corticosteroids such as prednisone, hydrocortisone, dexamethasone, and methyl prednisone, and lastly parenteral narcotic analgesics such as meperidine and the nasal spray butorphanol tartrate are recommended. In this case, the only report provided for review is an emergency report from 02/26/2014 showing that the patient was administered intravenously prochlorperazine 10 mg. The patient does present with migraine headaches that recently resulted in an emergency visit. Prochlorperazine is recommended for patients with severe migraines which the patient suffers from. Therefore, the request for Prochlorperazine (Compazine) 10mg #90 Refill 1 is medically

necessary and appropriate.