

Case Number:	CM14-0067444		
Date Assigned:	07/14/2014	Date of Injury:	09/04/2009
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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 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:

According to the records made available for review, this is a 34-year-old male with a 9/4/09 date of injury. At the time (5/5/14) of the Decision for 1 bottle of Phenergan DM, 45 capsules of Fioricet, and 45 Tablets of Singulair 10 mg with 2 refills between 5/2/2014 and 6/163/2014, there is documentation of subjective (no change in his cough, phlegm, shortness of breath, or asthma; no changes in sinusitis, tinnitus or headaches) and objective (none specified) findings, current diagnoses (asthma), and treatment to date (medication). Regarding 1 bottle of Phenergan DM, there is no documentation of a condition (with supportive subjective/objective findings) for which Phenergan is indicated (as a sedative or an antiemetic in pre-operative and post-operative situations). Regarding 45 Tablets of Singulair 10 mg with 2 refills between 5/2/2014 and 6/163/2014, there is no documentation of failure of first-line choice medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bottle of Phenergan DM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com/phenegran.

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 identifies Phenergan (promethazine) is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Within the medical information available for review, there is documentation of diagnoses of asthma. However, there is no documentation of a condition (with supportive subjective/objective findings) for which Phenergan is indicated (as a sedative or an antiemetic in pre-operative and post-operative situations). Therefore, based on guidelines and a review of the evidence, the request for 1 bottle of Phenergan DM is not medically necessary.

45 Capsules of Fioricet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Barbiturate-containing analgesic agents (BCAs).

Decision rationale: ODG identifies barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Therefore, based on guidelines and a review of the evidence, the request for 45 capsules of Fioricet is not medically necessary.

45 Tablets of Singulair 10 mg with 2 refills between 5/2/2014 and 6/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation drugs.com.

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

Decision rationale: ODG identifies Montelukast (Singulair) is under study as a first-line choice for asthma and recommends leukotriene receptor antagonists as second line. Within the medical information available for review, there is documentation of diagnoses of asthma. However, there is no documentation of failure of first-line choice medications. Therefore, based on guidelines and a review of the evidence, the request for 45 Tablets of Singulair 10 mg with 2 refills between 5/2/2014 and 6/16/2014 is not medically necessary.