

Case Number:	CM14-0074181		
Date Assigned:	08/06/2014	Date of Injury:	06/01/2001
Decision Date:	09/10/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 50-year-old female who reported an injury on 06/01/2001. The mechanism of injury was noted to be a fall. She was noted to have a diagnosis of Thoracic and Lumbosacral Radiculopathy, Failed Back Lumbar Surgery, and Chronic Pain due to trauma. The injured worker was noted to have prior treatments of Physical Therapy, Massage Therapy, Injections, and Medications. The injured worker had Carpal Tunnel Release in 1995. It was noted she had knee surgery, tonsillectomy, and gastric bypass. The injured worker had subjective complaints of back pain with the severity level moderate to severe. She noted pain radiated to the left thigh and right thigh. She described her pain as numbness and stabbing. Symptoms were aggravated by bending, lifting, rolling over in bed, sitting, sneezing and twisting. Symptoms were relieved by heat, injection, massage, pain meds and physical therapy. The objective physical exam findings revealed lumbar range of motion with pain. Her medications were noted to be Topamax, Dilaudid, Promethazine, Percocet, Celexa, Gabapentin, Docusate Sodium and Methadone; treatment was for a follow-up with medications. The provider's rationale for the request was within the documentation. The Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine HCL #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

Decision rationale: The request for Promethazine HCL quantity 30 is not medically necessary. The injured worker does not have a history of nausea or vomiting. It is not noted that there is any efficacy with use of Promethazine. The Official Disability Guidelines do not recommend Promethazine for nausea and vomiting secondary to chronic opioid use. In addition, the provider's request fails to indicate a dose and frequency. As such, the request for Promethazine HCL quantity 30 is not medically necessary.

Norco #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for Norco quantity 60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation provided for review does not provide an adequate pain assessment. There is no efficacy documentation with use of Norco. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; 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. In addition, the request for Norco fails to provide a dose and frequency. As such, the request for Norco quantity 60 is not medically necessary.

Flector #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector[®] patch (diclofenac epolamine).

Decision rationale: The request for Flector quantity 60 is not medically necessary. The Official Disability Guidelines recommend Flector as a first line treatment. Flector patch is FDA indicated for acute sprains and contusions. The injured worker does not have indications of these symptoms. In addition, the guidelines state there is no data that substantiates Flector efficacy beyond 2 weeks. In addition, the provider's request fails to indicate a dose and frequency. As such, the request for Flector quantity 60 is not medically necessary.

Fentanyl: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal Page(s): page(s) 44, 93.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Fentanyl as a first line therapy. Fentanyl is a potent opioid, slowly absorbed through the skin. The FDA approved product labeling states that Duragesic or Fentanyl is indicated in the management of chronic pain in patients who require continuous opiate analgesia for pain that cannot be managed by other means. Fentanyl patches are to be worn for a 72 hour period. The documentation submitted for review does not indicate a medical necessity for around the clock opiate therapy. The documentation does not provide efficacy with prior use of Fentanyl. In addition, the provider's request fails to indicate a dose and frequency. Therefore, the request for Fentanyl is not medically necessary.

Ducosate Sodium #90: 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 Procedure Summary Opioids- Prophylactic treatment for constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: The request for Docusate Sodium quantity 90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend a prophylactic treatment of constipation when initiating opiate therapy. The injured worker is on opiate therapy however, efficacy of prior use of Docusate Sodium is not noted. The provider's request fails to indicate a dosage and frequency. As such, the request for Docusate Sodium is not medically necessary.