

Case Number:	CM14-0083784		
Date Assigned:	07/21/2014	Date of Injury:	04/30/1999
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/05/2014

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 04/13/1999; the mechanism of injury was not provided within the medical records. The clinical note dated 05/22/2014 indicated diagnoses of pain related affective disorder and reflex sympathetic dystrophy syndrome. The injured worker reported her medications do not work all the time; however, she still needed her medication. The injured worker reported she sometimes felt that she should increase her dose, strength, or frequency of her medication. The injured worker reported she felt like her condition was getting worse. The injured worker reported pain in her lower back, hips, lower extremities, and RSD (Reflex Sympathetic Dystrophy Syndrome). The injured worker reported her average pain level was 9/10 before taking medications and after taking medications was 6/10. She reported it took 40 minutes after taking medications to get an improvement in pain and the improvement lasted for 2 hours. The injured worker reported her pain was aggravated by bending, twisting, lifting, walking, sitting, cold, and stairs, and improved with medication, rest, sit, sleep, avoiding strenuous activities, and warmth. The injured worker reported nausea with promethazine and Vicoprofen. Upon physical examination, the injured worker had persistent pain of the lower back area at L4-5 with radiation to the hip and both lower extremities, and she ambulated with support. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Promethazine, Zantac, Vicoprofen, and Intermazzo. The provider submitted a request for the above medications. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg #120: 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).

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

Decision rationale: The Official Disability Guidelines state Promethazine is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. The documentation submitted did not indicate the injured worker was in a preoperative or postoperative circumstance. In addition, promethazine is not recommended for nausea or vomiting secondary to chronic opioid use unless in a preoperative or postoperative situation. Additionally, the injured worker reported nausea with the use of promethazine and Vicoprofen. Furthermore, the request does not indicate a frequency. Therefore, the request for Promethazine 25mg #120 is not medically necessary.

Zantac 150mg #60: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. It was not indicated if the injured worker had tried other first line therapies. In addition, there is lack of documentation of efficacy and functional improvement with the use of Zantac. Moreover, the request does not indicate a frequency. Therefore, the request of Zantac 150mg #60 is not medically necessary and appropriate.

Vicoprofen 7.5/200mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, the request does not indicate a frequency. Therefore, the request for Vicoprofen 7.5/200mg #120 is not medically necessary and appropriate.

Intermezzo 1.75 #15: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter, Ambien.

Decision rationale: The Official Disability Guidelines state that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term, usually two to six weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines also indicate while sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation submitted indicated the injured worker has been prescribed Intermezzo since at least 11/14/2013. This exceeds the guidelines term of short term use. In addition, the request does not indicate a frequency. Therefore, the request of Intermezzo 1.75 #15 is not medically necessary and appropriate.