

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0192943 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 09/17/2011 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Rehab 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 underlying date of injury in this case is 09/17/2011. The date of the utilization review under appeal is 11/11/2014. The patient's diagnoses include right sacroiliac pain, right sacroilitis, status post right L4-L5 and L5-S1 medial branch blocks, right lumbar facet joint pain, left lumbar facet arthropathy, lumbar disc protrusion, lumbar stenosis, and lumbar degenerative disc disease. On 10/29/2014, the treating physician submitted a PR-2 report as well as an appeal request regarding a prior denial of Norco and Phenergan. The treating physician notes that Norco meets treatment guidelines since it produces 40% improvement in pain with increase in the patient's activities of daily living, such as self-care and dressing, and notes that the patient has an up-to-date pain contract, and previous urine drug screening showed no aberrant behaviors. The treating physician notes that the patient's Oswestry Disability Score is 44% with Norco and same score 60% without the use of Norco. The appeal does not directly address the rationale for the request for Phenergan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg quantity 60 with one refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Labeling.

Decision rationale: The medical records in the case do not discuss a rationale for Phenergan. Phenergan is indicated for a number of short-term uses but is not recommended for chronic use, particularly given significant risks of neuroleptic malignant syndrome discussed in FDA approved labeling information for this medication. Absent a clear discussion of risks versus benefits and a rationale for this request, this medication is not medically necessary.

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids and Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids, ongoing management, page 78, discusses the 4 A's of opioid management, recommending ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These 4 A's of opioid management are discussed in only limited subjective fashion and not in detail in a verifiable or objective manner. Overall, the same guideline does not recommend opioids for chronic management of back pain; it is unclear from the medical records what specific benefit is provided from opioid treatment which could not be provided through non-opioid treatment. For these multiple reasons, the guidelines do not support this request. This request is not medically necessary.