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| Case Number: | CM14-0204088 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 06/20/2013 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Internal Medicine 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 (IW) is a 52-year-old man with a date of injury of June 20, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are bilateral inguinal hernias; chronic right S1 radiculopathy as shown by EMG with nerve conduction study; right paracentral disc protrusion at L5-S1 measuring 3 mm that abuts the right S1 nerve; lumbar facet joint arthropathy; right L5-S1 radiculopathy with right lower extremity weakness; lumbar disc protrusion; lumbar stenosis; right sacroiliac joint pain; and lumbar facet joint pain. Pursuant to the progress note dated November 20, 2014, the IW complains of bilateral low back pain radiating to the right buttocks, and right posterolateral thigh with radicular calf pain. Pain is rated 7-8/10. The IW underwent bilateral inguinal hernia repair on November 7, 2014. The IW reports increased nausea secondary to his industrial medications. Physical examination reveals tenderness upon palpation of the lumbar paraspinal muscles, the right sacroiliac joints, and the right inguinal hernia. Bilateral lower extremity range of motion (ROM) was restricted in all planes by pain. Lumbar ROM was restricted by pain. Sensation was intact to pinprick, light touch, proprioception, and vibration in all limbs. Review of systems was negative. The provider is recommending medication refills in his treatment plan. Current medications include Naproxen 550mg, Omeprazole 20mg, Skelaxin 800mg, Trazadone 50mg, Phenergan 25mg, and Norco. A Comprehensive Medical Legal Evaluation Report was dictated on December 4, 2014. In section 3 of the evaluation, the provider reports the IW was taking Phenergan 25mg 1 tablet orally every 6 hours #120 (DOS: 11/20/14). The provider reports the IW has been taking his current medication regimen for months. The IW has been taking Trazadone 50mg and Skelaxin 800mg since August 28, 2014 according to a progress note with the same date. The documentation did not include evidence of objective functional improvement associated with Skelaxin and Trazadone. There was no subjective or objective complains of

insomnia or depression documented in the medical record. The current request is for Skelaxin 800mg #60, Trazadone 50mg #30, and Phenergan 25mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 600MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Skelaxin 600 mg #60 is not medically necessary. Muscle relaxants are a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is a 62-year-old with a date of injury August 20, 2013. The injured worker's working diagnoses are bilateral inguinal hernias; chronic right S1 radiculopathy; right paracentral disc protrusion at L5 - S1 measuring 3 mm that abuts the right S1 nerve; lumbar facet joint arthropathy; right L5 - S1 radiculopathy with right lower extremity weakness; lumbar disc protrusion; lumbar stenosis; right sacroiliac joint pain; and lumbar facet joint pain. The documentation reflects the injured worker was taking Skelaxin as far back as August 27, 2014. Progress note indicates there was tenderness, however, there was no spasm noted. Muscle relaxants are indicated for short-term (less than two weeks) treatment of acute low back pain and acute exacerbations in chronic low back pain. The documentation did not reflect evidence of an acute exacerbation low back pain. Additionally, the treating physician exceeded the recommended guidelines for short term use. The documentation did not contain evidence of objective functional improvement or compelling clinical facts to support the ongoing use of Skelaxin. Consequently, absent the appropriate clinical indications and guideline recommendations, Skelaxin 600 mg #60 is not medically necessary.

Trazodone 50mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Antidepressants. Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/trazodone.html>.

Decision rationale: Pursuant to the Official Disability Guidelines, Trazodone 50 mg #30 is not medically necessary. Antidepressants are recommended for chronic pain. Trazodone's adverse effects include the propensity to cause sedation. See the guidelines for additional details. See attached link for additional details. In this case, the injured worker is a 62-year-old with a date of injury August 20, 2013. The injured worker's working diagnoses are bilateral inguinal hernias; chronic right S1 radiculopathy; right paracentral disc protrusion at L5 - S1 measuring 3 mm that abuts the right S1 nerve; lumbar facet joint arthropathy; right L5 - S1 radiculopathy with right lower extremity weakness; lumbar disc protrusion; lumbar stenosis; right sacroiliac joint pain; and lumbar facet joint pain. The documentation indicates the injured worker was taking trazodone as far back as August 27, 2014. There is no indication in the medical record of depression or sleep disturbances in the original progress notes. There is an appeal regarding the denial of trazodone which subsequently addresses sleep difficulties for the injured worker. The documentation does not contain objective functional improvement with regards to chronic pain. Consequently, absent the appropriate clinical objective functional improvement over the subsequent months and the clinical indications, Trazodone 50 mg #30 is not medically necessary.

Phenergan 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), Treatment Index, 11th Edition (web), 2014, pain, Antimetics (for opioid nausea)

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

Decision rationale: Pursuant to the Official Disability Guidelines, Phenergan 25 mg #120 is not medically necessary. Phenergan is a phenothiazine. It is recommended as a sedative and antiemetic in preoperative and postoperative situations. Adverse effects include somnolence, confusion and sedation. In this case, the injured worker is a 62-year-old with a date of injury August 20, 2013. The injured worker's working diagnoses are bilateral inguinal hernias; chronic right S1 radiculopathy; right paracentral disc protrusion at L5 - S1 measuring 3 mm that abuts the right S1 nerve; lumbar facet joint arthropathy; right L5 - S1 radiculopathy with right lower extremity weakness; lumbar disc protrusion; lumbar stenosis; right sacroiliac joint pain; and lumbar facet joint pain. The injured worker had bilateral inguinal hernia repair on November 7, 2014. A progress note dated November 20, 2014 indicates the injured worker has subjective complaints of nausea secondary to his industrial medications. Phenergan is indicated in preoperative and postoperative situations. The injured worker is approximately 2 weeks postoperative. Although Phenergan is indicated in the immediate postoperative period, the injured worker states the nausea is secondary to his medications approximately 2 weeks postoperative. The original documentation in the immediate postoperative period does not address Phenergan use. A comprehensive medical legal evaluation report was dictated December 4, 2014. In section 3 of the recommendations the physician states the injured worker was taking "Phenergan 25 mg one tablet every six hours (date service November 20, 2014). The patient has been taking his current medication regimen for months." Phenergan is not indicated for nausea and vomiting secondary to opiate-based medications. Consequently, at the appropriate clinical

indication, in addition to its long-term use in contravention of the recommended guidelines, Phenergan 25 mg #120 is not medically necessary.