

Case Number:	CM14-0064309		
Date Assigned:	08/06/2014	Date of Injury:	08/22/1997
Decision Date:	04/02/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old female, who sustained an industrial injury on August 22, 1997. The diagnoses have included lumbosacral radiculitis. Treatment to date has included analgesics, an anti-emetic, and Keto-DHEA medications. On January 2, 2014, the treating physician noted no significant changes in her chronic pain. The injured worker reported the current medication regimen was providing moderate to good pain control. Current medications included two analgesics, an anti-emetic, and Keto-DHEA. The physical exam revealed was unremarkable. The treatment plan included refills of her current medications and a diuretic injection. On May 7, 2014, the injured worker submitted an application for IMR for review of retrospective requests for Norco 10/325mg: 3 tabs po q6h x prn (by mouth every 6 hours as needed) pain #225; 7 Keto-DHEA 100mg: 1 capsule po bid x 1 month (by mouth twice a day for 1 month) #60, refills prn (as needed); Furosemide Injection (IM - intramuscular), 10mg/ml: 2 ml intramuscular; Phenergan 25mg: 1 tab po q6h (by mouth every 6 hours) #120 with 1 refill; Klonopin 1mg: 1 tab po tid x 1 month (by mouth three times a day for 1 month); and Methadone 10mg: 3 tabs po q8h x 1 month (by mouth every 8 hours for 1 month), #270. The Norco was modified and the Methadone was non-certified based on the guidelines state the opiate doses of more than 200mg of morphine or its equivalents per day is considered high dose opiate therapy and is off label, experimental, and potentially dangerous. The recommendation at this point is to certify Norco 90 tablets and discontinue the Methadone as the provider will be requesting a transdermal opioid patch. The Keto-DHEA was non-certified based on the lack of rationale or indication for the treatment. The Furosemide was non-certified based on the lack of rationale or

indication for the treatment. The Phenergan was non-certified based on the lack of evidence of any emesis, nausea or vomiting, which makes it unclear why this medication was requested. The Klonopin was non-certified based on the provider stated this medication was stopped. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Non-California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #225 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The original reviewer partially certified, which is appropriate. As such, the request for Norco 10/325mg #225 no refill is not necessary as written.

7 Keto DHEA 100mg #60 refills PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Medical Foods.

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

Decision rationale: The MTUS and ODG are silent specifically regarding 7 Keto DHEA. ODG does state that a medical food is a food which is formulated to be consumed or administered eternally under the supervision of a physician and which is intended for the specific dietary

management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. The treatment notes do not substantiate the specific disease or distinctive nutritional requirement that 7 Keto DHEA is to be used. As such, the request for 7 Keto DHEA is not medically necessary at this time.

Flurosemide injection 10mg/1ml- 2ml IM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com, Furosemide.

Decision rationale: MTUS is silent specifically with regards to Furosemide injections. Uptodate details that Furosemide is a loop diuretic which is intended to treat Edema from Heart failure, acute pulmonary edema, and hypertension. The treatment notes do not indicate what the Furosemide is intended to treat. The physical exam findings from the medical notes provided do not indicate edema. As such, the request for Furosemide injection 10mg/1ml- 2ml IM is not medically necessary.

Phenergen 25mg #120 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Allergic Rhinitis.

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

Decision rationale: Phenergen is the brand name version of Promethazine, which is an anti-nausea medication. MTUS is silent specifically regarding promethazine, so other guidelines were utilized. ODG states regarding promethazine, Not recommended for nausea and vomiting secondary to chronic opioid use. ODG additionally cites another possible indication of use as a sleep aid, when sedating antihistamines are not recommended for long-term insomnia treatment. And Tolerance seems to develop within a few days. Medical notes provided do not indicate nausea or other symptoms for which Phenergen is commonly used. As such, the request for Phenergen 25mg #120 1 refill is not medically necessary.

Klonopin 1 mg #90 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain, Benzodiazepines.

Decision rationale: Klonopin is the brand name version of clonazepam. MTUS and ODG states that benzodiazepine (ie clonazepam) is Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG further states that clonazepam is Not recommended. The guidelines do not recommend long-term use of benzodiazepines and state that use is limited to four weeks. The submitted medical records indicate that the employee has been using Klonopin for greater than four weeks, exceeding the recommended treatment timeframe. Additionally, there is a lack of any significant documented efficacy with this medication. The treating physician does not outline any special circumstances or extenuating reasons to continue this medication in excess of guidelines. The request for 4 refills would allow for at least 5 months of medication without any interim evaluation, which is far in excess of recommendations. As such, the request for Klonopin 1 mg #90 4 refills is not medically necessary.

Methadone 10mg #270 no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, or increased level of function. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The medical notes seem to indicate that the patient takes upwards of 90mg of methadone a day, which is far in excess of the 120 MET recommendation. As such, the request for Methadone 10mg #270 no refills is not medically necessary as written.