

Case Number:	CM15-0001719		
Date Assigned:	01/12/2015	Date of Injury:	04/23/2003
Decision Date:	04/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 67 year old male with an injury date of 04/23/03. Based on the 11/26/14 progress report provided by treating physician, the patient complains of chronic low back and leg pain rated 10/10. The patient is status post anterior lumbar fusion 2005, posterior lumbar fusion 2005, and knee arthroscopy, date unspecified. The patient had spinal cord stimulator, per treater report dated 10/09/14. Patient has an antalgic gait and ambulates with a cane. Physical examination to the lumbar spine on 10/09/14 revealed well healed surgical incisions from spine surgery and spinal cord stimulator. No tenderness noted and full range of motion. Examination to the right knee revealed well-healed arthroscopic portals. Patient's medications include Norco, Opana, Miralax, Promethazine, Finasteride, Prednisole, Metoprolol, Simvastin, Terazosin, Temsolosin, Cymbalta, Wellbutrin, Lininopril, Compazine, Benefiber, Vyvanse and Aderall. Norco has been included in patient's medications per progress reports dated 01/16/14, 06/12/14 and 11/26/14. Treater states in progress report dated 11/26/14 that "medications are providing relief without uncontrolled side effects. Patient reports better able to accomplish activities of daily living." CURES report from September 2014 was consistent, as well as UDS's dated 06/05/14 and 09/05/14. The patient is permanent and stationary per treater report dated 10/09/14. Diagnosis 11/26/14 post-laminectomy syndrome, calcaneus fracture, chronic pain syndrome, cervicgia. The utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 10/31/13 - 12/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 11/26/14 progress report provided by treating physician, the patient presents with chronic low back and leg pain rated 10/10. The request is for NORCO 10/325MG #180. The patient is status post anterior lumbar fusion 2005, posterior lumbar fusion 2005, and knee arthroscopy, date unspecified. Patient's diagnosis on 11/26/14 included post-laminectomy syndrome, calcaneus fracture, chronic pain syndrome and cervicalgia. Patient has an antalgic gait and ambulates with a cane. Patient's medications include Norco, Opana, Miralax, Promethazine, Finasteride, Prednisone, Metoprolol, Simvastatin, Terazosin, Temsolosin, Cymbalta, Wellbutrin, Lininopril, Compazine, Benefiber, Vyvanse and Aderall. The patient had spinal cord stimulator, per treater report dated 10/09/14. The patient is permanent and stationary per treater report dated 10/09/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco has been included in patient's medications per progress reports dated 01/16/14, 06/12/14 and 11/26/14. Treater states in progress report dated 11/26/14 that "medications are providing relief without uncontrolled side effects. Patient reports better able to accomplish activities of daily living." In this case, treater has provided a general statement without providing any numerical scales and specific ADL's examples to show significant improvement. CURES report from September 2014 was consistent, as well as UDS's dated 06/05/14 and 09/05/14. Treater has addressed aberrant drug seeking behavior; but there are no validated instruments or discussions of analgesia, specific ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Promethazine 25mg #30: 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 (Chronic) and Mental Illness & Stress.

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

Decision rationale: The 12/09/14 Utilization Review letter states the promethazine 25mg, #30 requested on the 12/1/14 medical report was denied because the reviewer believes it is indicated as a sleeping aid, but there was no clinical reporting of sleeping difficulty. The 12/01/14 pain management report, does not discuss medications, but appears to be requesting a home health care evaluation. The 11/26/14 pain management report states the patient presents with chronic intractable low back pain and he has been diagnosed with postlaminectomy syndrome; and chronic pain syndrome. The physician refills the Norco, and Opana ER, Benefiber, and promethazine. There is no rationale provided for use of promethazine. There is no discussion of sleep difficulties or nausea from medications or allergies. More importantly, there is no indication that the patient is receiving any benefit or functional improvement from the medication. It is difficult to speculate what the medication is being prescribed for. MTUS/ACOEM does not discuss promethazine. ODG-TWC guidelines were consulted. ODG-TWC guidelines, Pain chapter for: Antiemetics (for opioid nausea) states these are Not recommended for nausea and vomiting secondary to chronic opioid use. ODG states Promethazine (Phenergan): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. The use of promethazine does not appear to be in accordance with the ODG guidelines for opioid nausea. There is no sleep problems reported and there are no pre-operative or post-operative situations noted. Based on the provided records, the request for promethazine 25mg, #30 IS NOT medically necessary.