

<b>Case Number:</b>	CM15-0004188		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 47-year-old male who reported an injury on 08/23/2006. The mechanism of injury was not specifically stated. The current diagnoses include neck pain, lumbar postlaminectomy syndrome, sciatica, sacrum disorder and long term use of medication. The injured worker presented on 06/10/2014 with complaints of persistent neck pain radiating into the bilateral upper extremities with numbness and tingling. The injured worker also reported associated headaches. The injured worker was status post cervical epidural steroid injection on 01/14/2014, without an improvement of symptoms. Upon examination, there was normal muscle tone without atrophy in the bilateral upper and lower extremities, 5/5 motor strength, painful range of motion of the cervical spine with 20 degrees extension, 30 degree right and left lateral bending, 60 degree right and left rotation and negative tenderness. The current medication regimen includes Phenergan 25 mg, capsaicin cream, ketamine cream, Ambien 10 mg, Norco 10/325 mg, morphine sulfate 30 mg, Norflex ER 100 mg and Protonix 20 mg. Recommendations at that time included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE Phenergan 25mg tablet, #30, refills: 3 (date of service: 6/10/14): 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 (updated 11/21/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Antiemetic.

**Decision rationale:** The Official Disability Guidelines state promethazine is recommended as a sedative and an antiemetic in preoperative and postoperative situations. The current request cannot be determined as medically appropriate, as the injured worker is not noted to be preoperative or postoperative. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**RETROSPECTIVE Ambien 10mg tablet, #30, refills: 3 (date of service: 6/10/14): 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 (updated 11/21/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Insomnia Treatment..

**Decision rationale:** The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker has utilized the above medication since 01/2014. Guidelines do not recommend long term use of Ambien. The injured worker does not maintain a diagnosis of insomnia. The medical necessity for the ongoing use of Ambien 10 mg has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**RETROSPECTIVE Hydrocodone bit/apap 10/325mg #30ms, #120 (date of service: 6/10/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized the above medication since at least 01/2014. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not

provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**RETROSPECTIVE Morphine sulfate 30mg #90 (date of service: 6/10/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized the above medication since at least 01/2014. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**RETROSPECTIVE Orphenadrine-Norflex ER 100mg #90ms, #90 (date of service: 6/10/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**RETROSPECTIVE Pantoprazole-Protonix 20mg #60ms, #60 (date of service: 6/10/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton Pump Inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.