

Case Number:	CM15-0101859		
Date Assigned:	06/04/2015	Date of Injury:	12/03/1996
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, New York, California
 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 applicant is a represented 51-year-old who has filed a claim for chronic neck, mid back, and low back pain with derivative complaints of depression, anxiety, fatigue, malaise, and fibromyalgia (FM) reportedly associated with an industrial injury of December 3, 1996. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve request for Phenergan and Norco. The claims administrator referenced a RFA form received on May 7, 2015 in its determination, along with an April 23, 2015 progress note. The applicant's attorney subsequently appealed. In a RFA form dated May 5, 2015, both Phenergan and Norco were endorsed. In an associated progress of April 29 2015, the applicant reported severe complaints of nausea, vomiting, neck pain, and shoulder pain. The applicant was using methadone and Norco. The applicant was apparently trying to wean off of methadone, it was reported. 9-10/10 pain complaints were reported. The applicant was quite uncomfortable. The attending provider attributed the applicant's nausea and vomiting to effects of opioids withdrawal. The applicant was given shots of Morphine and Phenergan in the clinic setting. A prescription for Norco represented weaning scheduled for the same, and Phenergan for opioid withdrawal-induced nausea were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/opioid-withdrawal-in-the-emergency-setting>, Opioid withdrawal in the emergency setting.

Decision rationale: Yes, the request for Phenergan was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 3, page 47, attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed so as manage expectations and to ensure proper usage. Here, the attending provider stated that he was furnishing the applicant with a short-term one-time, 30-tablet supply of Phenergan to combat issues with opioid withdrawal-induced nausea. Up-to-date.com's comprehensive survey of the literature dated May 2, 2015 suggest that anti-emetics such as promethazine (Phenergan) can be employed to treat symptoms of acute opioid withdrawal, as were present here on or around the date of the request. Therefore, the 30-tablet supply of Phenergan (promethazine) was medically necessary.

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: Similarly, the request for Norco 10/325 #180 was likewise medically necessary, medically appropriate, and indicated here. The attending provider framed the request as a request for a weaning or tapering schedule of Norco on his April 23, 2015 progress note. As noted on page 124 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer an applicant had taken opioids, the more difficult they are to taper. Page 124 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the usage of multiple agents and female gender complicate the process of opioid weaning or tapering. Here, the applicant was apparently using two separate opioids agents' methadone and Norco, for what was suggested to be span of several years. A one-month tapering scheduled of Norco in the form of the 180-tablet supply in question was, thus, indicated. Therefore, the request was medically necessary.