

Case Number:	CM15-0135199		
Date Assigned:	07/23/2015	Date of Injury:	05/19/1992
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/13/2015

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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 19, 1992. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve requests for Norco, Phenergan, and Robaxin. The claims administrator referenced a June 2, 2015 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On July 17, 2015, the applicant reported ongoing complaints of knee pain. The applicant was apparently using a cane owing to issues of knee instability status post earlier left knee total knee arthroplasty. The attending provider stated that the applicant's prosthesis was appropriately positioned. The applicant was given a knee brace. Medication selection and medication efficacy were not discussed or detailed. On a pain management note dated June 2, 2015, the applicant reported ongoing complaints of low back, hip, knee, and thigh pain. The applicant was using Norco, Zofran, Colace, Robaxin, and Phenergan, it was reported. The applicant exhibited visibly antalgic gait requiring usage of a cane. Physical therapy, a knee brace, Norco, Robaxin, and Phenergan were endorsed while the applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant's medications were beneficial but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, June 2, 2015. While the attending provider stated that the applicant's medications were beneficial, these subjective reports of analgesia derived as a result of ongoing medication consumption were outweighed by the applicant's failure to return to work, the applicant's difficulty ambulating, the applicant's continued usage of a cane, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Norco usage (if any) on his July 2, 2015 progress note. Therefore, the request was not medically necessary.

Phenergan 25mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration Phenergan (promethazine HCl) Tablets and Suppositories.

Decision rationale: Similarly, the request for Phenergan, an antiemetic medication, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the June 2, 2015 progress note did not clearly state for what issue, diagnosis, and/or purpose Phenergan had been employed. There was, moreover, no mention of the applicant's having issues with nausea and/or vomiting on that date. While the Food and Drug Administration (FDA) notes that Phenergan is indicated in the treatment of allergic rhinitis, allergic conjunctivitis, anaphylactic reactions, preoperative, postoperative, or effective sedation purposes, to ameliorate nausea associate with certain types of anesthesia and/or surgery, and/or for antiemetic therapy in postoperative applicants. Here, however, there was no mention of the applicant's having issues with postoperative nausea. There was no mention of the applicant's having issues with an anaphylactic reaction, allergic rhinitis, etc. It was not stated or established for what issue, diagnosis, and/or purpose Phenergan had been prescribed and/or whether or not

ongoing usage of Phenergan had or had not proven effective in treating the same. Therefore, the request was not medically necessary.

Robaxin 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Finally, the request for Robaxin, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended for short-term use purposes to combat acute exacerbations of chronic low back pain, here, however, the 90-tablet supply of Robaxin at issue implied chronic, long-term, and/or thrice daily usage, i.e., usage incompatible with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.