

Case Number:	CM15-0135348		
Date Assigned:	07/23/2015	Date of Injury:	07/25/2007
Decision Date:	09/17/2015	UR Denial Date:	06/19/2015
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: Indiana

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 07/25/07. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, acupuncture, Functional Restoration Program, TENS unit, home exerciser program, aqua therapy, spinal cord stimulator, and multiple consultations. Diagnostic studies are not addressed. Current complaints include chronic back pain and chronic right thumb pain. Current diagnoses include post laminectomy syndrome, neurogenic bladder and bowel, radial styloid tenosynovitis, and long term use of medications. In a progress note dated 05/21/15 the treating provider reports the plan of care as pelvic exercises, injections to her thumb, home exercise program, a urine drug screen, and medications including Celebrex, methadone, Butrans, Metoprolol, and Promethazine. The requested treatments include Promethazine, Methadone, metoprolol, Celebrex, and Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 12.5mg SIG: take 1 up to twice a day as needed for nasuea and med taper:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

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 (Phenergan®).

Decision rationale: Phenergan 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, is 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 records indicate that the Phenergan is used for nausea symptoms and not as a sleep aid. The treating physician does not describe the symptoms in sufficient details the medical notes or provide any clinical examination or evaluation prior to the date of service. ODG does not recommend this medication for opioid induced nausea. As such, the request is not medically necessary.

Methadone 5mg SIG: take 1 up 2-3 times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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. There is no quantity specified for this request. Therefore, the request is not medically necessary.

Metoprolol 25mg SIG take 1 per day and Meds compound x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment.

Decision rationale: MTUS is silent specifically with regards to metoprolol. Therefore, other guidelines were utilized. ODG states regarding the treatment of hypertension: After Lifestyle (diet & exercise) modifications; (1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: - ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace), Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan); (2) First line, 2nd addition - Calcium channel blockers: Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia); (3) First line, 3rd addition - Thiazide diuretic; Hydrochlorothiazide (HCTZ); (4) First line, 4th addition - Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal); (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone) Direct renin inhibitor: Aliskiren (Tekturna); Selective α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin); Central α_2 agonists: Clonidine (Catapres); Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten) While metoprolol is an appropriate first line medication for hypertension, medical documents do not substantiate the diagnosis of hypertension. The medical notes provided did not have blood pressure readings. As such, the request is not medically necessary.

Celebrex 100mg capsule take 1 twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; anti-inflammatory Page(s): 22, 30, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms and cardio risk.

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Additionally, the medical records do not indicate that he is undergoing treatment for any of the FDA approved uses such as osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis in patients 2 years and older, ankylosing spondylitis, acute pain, and primary dysmenorrhea. As such, the request is not medically necessary.

Butrans 10mcg/her patch apply 1 patch per week (DOR 6/12/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Butrans.

Decision rationale: MTUS states that Suboxone, which is a brand name of the drug known as buprenorphine, is recommended for treatment of opiate addiction, also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. ODG states Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain, Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence. The ODG states that Suboxone is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. The employee is using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for using Butrans instead of one of the first line agents. Therefore, the request is not medically necessary.