

Case Number:	CM15-0146422		
Date Assigned:	08/07/2015	Date of Injury:	02/13/1999
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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 represented 59-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 29, 1999. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for Voltaren, Phenergan, and Duexis. The claims administrator referenced a June 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported ongoing complaints of low back pain reportedly attributed to an industrial injury. The applicant is status post earlier failed lumbar fusion surgery, it was reported. The applicant was leading a sedentary lifestyle, it was reported. The applicant's work status was not clearly outlined. The applicant was apparently using Dilantin, OxyContin, Zantac, Zyrtec, Cialis, and Cymbalta, it was reported. In an April 14, 2015, medical-legal evaluation, the applicant stated that he was receiving Social Security Disability Insurance (SSDI) benefits. In a handwritten progress note dated June 15, 2015, the applicant was placed off work on total temporary disability. Multifocal complaints of low back and knee pain were reported. The applicant was intent on pursuing knee surgery, it was stated. The applicant developed issues with anxiety and depression, it was acknowledged. The applicant was asked to follow up with a psychiatrist. The applicant was using Voltaren, Phenergan, Zantac, and extended-release Morphine, it was reported. Multiple medications, including Voltaren, Phenergan, Duexis, and Zantac were all renewed, while the applicant was placed off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for oral Voltaren, anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guideline and on page 47 of the ACOEM Practice Guideline to the effect that an attending provider should incorporate some discussion of "efficacy of medications" into his choice of recommendations. Here, however, the applicant was off work, it was reported on a June 15, 2015 progress note at issue. Said progress note contained little to no discussion of medications efficacy. The applicant's pain complaints were described as heightened on that date. Ongoing usage of oral Voltaren failed to curtail the applicant's dependence on opioid agents such as extended-release Morphine, the treating provider reported on June 15, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Voltaren usage. Therefore, the request was not medically necessary.

Phenergan 12.5 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines Food and Drug Administration http://www.accessdata.fda.gov/drugsatfda_docs/label/2004/07935s030lbl.pdf

Decision rationale: Similarly, the request for Phenergan, an antiemetic medication, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guideline stipulates that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same. The Food and Drug Administration (FDA) notes, however, that Phenergan is indicated in the treatment of allergic rhinitis, prevention and control of nausea and vomiting associated with certain types of anesthesia in surgery, obstetric sedation purposes, anaphylactic reactions, motion sickness, antiemetic therapy in postoperative applicants, etc. Here, however, the 90-tablet supply of Phenergan at issue implied chronic, long-term, and/or thrice use daily of same, seemingly for issues with opioid-induced nausea. The request was framed as a renewal or extension request. ODG's Chronic Pain Chapter antiemetics topic states that anti-emetics are not recommended for nausea or vomiting associated with chronic opioid usage. The request, thus, as written, was at odds with both FDA and ODG principles and parameters. Therefore, the request was not medically necessary.

Duexis 800 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation National Library of Medicine Ibuprofen/Famotidine (Duexis).

Decision rationale: Finally, the request for Duexis was likewise not medically necessary, medically appropriate, or indicated here. Duexis, per the National Library of Medicine, is an amalgam of ibuprofen and famotidine. However, page 7 of the MTUS Chronic Pain Medical Treatment Guideline stipulates that an attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, the attending provider did not, however, state why he was furnishing the applicant with two separate NSAID medications, namely Duexis (ibuprofen-famotidine) and Voltaren. A clear rationale for concomitant usage of two separate anti-inflammatory medications was not established via the handwritten June 15, 2015 progress note. Therefore, the request was not medically necessary.