

Case Number:	CM15-0203858		
Date Assigned:	10/20/2015	Date of Injury:	10/04/2004
Decision Date:	12/22/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/16/2015

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

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 66 year old female, who sustained an industrial injury on 10-4-04. The injured worker is diagnosed with persistent low back pain and post lumbar fusion. Her disability status is permanent and stationary. Notes dated 6-23-15 and 9-15-15 reveals the injured worker presented with complaints of low back pain that radiates to the front of her thighs bilaterally and is worsened by prolonged positioning, sitting and standing. The injured worker wakes with some numbness, pins and needles and cramping in her legs. She reports she would be unable to get out of bed if she did not have pain medication. Physical examinations dated 4-28-15 and 9-15-15 revealed limited range of motion due to low back pain. She indicates the pain is located in her lower lumbar facet region with extension. She is able to transition from seat to stand and ambulate without difficulty. Treatment to date has included medications; Norco (11-2014), Cymbalta, Lyrica, Tizanidine (4-2015), Nexium, Colace, Lactulose, Miralax and Phenergan (11-2014), which reduces her pain from 9 out of 10 to 4 out of 10 and allows her to maintain functionality-do yard work, walk and household chores per notes dated 6-23-15 and 9-15-15; lumbar fusion and aqua therapy. Diagnostic studies include lumbar x-ray and MRI and a urine toxicology screen, which was consistent per note dated 6-23-15. A request for authorization dated 9-25-15 for Norco 10-325 mg #90, Norco 10-325 mg #90 (dispense after 10-15-15), Phenergan 25 mg #30 and Zanaflex 4 mg #60 with 1 refill is denied, per Utilization Review letter dated 10-1-15.

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 Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. This patient was recently approved for Cymbalta for chronic pain. Norco 10/325mg, #90 is not medically necessary.

Norco 10/325mg, #90 (Do not dispense until 10/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. This patient is also prescribed Cymbalta for chronic pain. Norco 10/325mg, #90 (Do not dispense until 10/15/15) is not medically necessary.

Phenergan 25mg, #30: 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) Pain (updated 7/15/15) Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Promethazine (Phenergan®).

Decision rationale: The Official Disability Guidelines state that promethazine is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited

to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Phenergan 25mg, #30 is not medically necessary.

Zanaflex 4mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Zanaflex 4mg, #60 with 1 refill is not medically necessary.