

Case Number:	CM15-0212176		
Date Assigned:	11/02/2015	Date of Injury:	08/12/2013
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/28/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 58 year old male who sustained an industrial injury on 8-12-13. He works without restrictions on a full time basis. Medical records indicate that the injured worker has been treated for lumbar spine sprain-strain with multilevel degenerative disc disease and degenerative changes at L4-S4 and L5-S1 facet joints; lumbar radiculopathy; right shoulder injury with bursitis and acromioclavicular joint arthropathy; left wrist median sensory neuropathy; right knee pain. He currently (6-9-15) complains of right knee pain that he incurred during his 5th chiropractic visit during his hip manipulation. He has clicking, popping in the right knee which he did not have prior to the chiropractic treatments. He has difficulty with prolonged ambulation and walks with a limp. His pain level in the knee was 4-5 out of 10. In addition he has low back pain but with improvement since chiropractic treatments. His pain level for the low back was 5-7 out of 10 with medication and 9-10 out of 10 without medication. The drug screen dated 10-2-15 was inconsistent for gabapentin. On physical exam of the lumbar spine there was tenderness from L4-S1 with minimal spasms and slight tenderness over the paravertebral joints, negative twitch response, decreased range of motion' there was swelling and tenderness over the posterior aspect of the right knee with full range of motion. Treatments to date include medication: naproxen, Voltaren Gel, Norco, Zantac; physical therapy without benefit; chiropractic treatment with benefit to low back pain; right L4 selective nerve block (6-19-14) with greater than 50% improvement for 4 and a half months; right L3-4 epidural steroid injection (1-13-15) with 50-60% improvement. The request for authorization was not present. On 10-16-15 Utilization Review non-certified the requests for Phenergan 25mg #90; gabapentin 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg #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), Pain, 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) Chronic pain, Anti emetics for opioid induced nausea.

Decision rationale: CA MTUS is silent on the use of phenergan. Per ODG guidelines, antiemetics such as phenergan are 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. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. Phenergan is not medically necessary.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with no evidence or documentation to suggest that the pain is neuropathic. It is not prescribed in the immediate post-operative period and therefore is not medically necessary.