

Case Number:	CM15-0221340		
Date Assigned:	11/16/2015	Date of Injury:	01/07/2003
Decision Date:	12/29/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/10/2015

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: 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 46 year old female, who sustained an industrial injury on 1-7-03. The injured worker was diagnosed as having chronic cervical pain; neuropathy right forearm; chronic shoulder pain; right hip pain; depression; headache. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 9-11-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker is doing "OK" on medications, "running out soon came early, wanted to make sure she did not run out. Pain 8-9 out of 10; medications decreased pain to 7 out of 10. Right shoulder, neck hurt most. Still fighting depression; still struggling to force self to do things." Objective findings note "sitting uncomfortable, no tenderness in spine, hips, shoulders, mood OK". PR-2 notes dated 8-14-15 and 7-2-15 indicate the same medications regimen was prescribed for this injured worker including Metaxalone 800mg and Phenergan 25mg. A Request for Authorization is dated 11-10-15. A Utilization Review letter is dated 10-12-15 and non- certification for Metaxalone 800mg TID # 90 and Phenergan 25mg BID # 60. A request for authorization has been received for Metaxalone 800mg TID # 90 and Phenergan 25mg BID # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg BID Qty: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Antiemetics (for opioid nausea).

Decision rationale: According to ODG, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Per ODG, Promethazine (Phenergan) is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus). The medical records note that the injured worker is being prescribed opioids and as noted by ODG, this medication is not recommended for nausea and vomiting due to chronic opioid usage. The request for Phenergan 25mg BID Qty: 60.00 is not medically necessary and appropriate.

Metaxalone 800mg TID Qty: 90.00: Upheld

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

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

Decision rationale: The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The MTUS guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatories (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See 2, 2008). The chronic use of muscle relaxants is not supported per evidence-based guidelines. The injured worker has been prescribed muscle relaxants for an extended period of time and therefore the request for Metaxalone 800mg TID Qty: 90.00 is not medically necessary and appropriate.