

Case Number:	CM15-0058115		
Date Assigned:	04/02/2015	Date of Injury:	10/07/2005
Decision Date:	05/15/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30-year-old male who reported an injury on 10/07/2005. The mechanism of injury was a fall. His diagnoses include post-traumatic headache, adhesive capsulitis, and lumbar strain. Past treatments included medications, physical therapy, and surgery. On 02/19/2015, it was noted the injured worker had complaints of pain to his right shoulder that he rated 8/10 to 9/10, to his right ribs that he rated 6/10 to 8/10, and to his low back that he rated 7/10. He indicated that he felt better with the use of medications. Upon physical examination, it was noted the injured worker had intact sensation, negative straight leg raise, and his deep tendon reflexes were within normal limits. It was indicated the injured worker had pain to palpation to the right ribs and lumbar spine, and he was unable to move his right shoulder secondary to pain. It was noted that a CURES report was consistent with medications prescribed. Current medications are not included in the report. The treatment plan included medications, wrist splints, and 12 sessions of psychological counseling. A request was received for Promethazine 25mg, #30; Celebrex 200mg, #30; Baclofen 20mg, #30; 12 Session of Psychological Counseling; Thermacare Patches #30; Trazadone 50/100mg, #30; and Colace 250mg, #60 for pain, muscle spasms, and medication induced constipation. A Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 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 (Chronic).

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

Decision rationale: According to the Official Disability Guidelines, antiemetics such as promethazine, are not recommended for nausea and vomiting secondary to chronic opioid use. The guidelines indicate that promethazine is recommended as a sedative and antiemetic, and preoperative and postoperative situation. The clinical documentation submitted for review did not indicate a projected or recently performed surgical procedure to warrant the use of promethazine. Additionally, there was a lack of information regarding complaints of nausea and vomiting. Consequently, the request is not supported. Moreover, the request did not specify a duration and frequency of use. As such, the request for Promethazine 25mg, #30 is not medically necessary.

Celebrex 200mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended for short term symptomatic relief. The clinical documentation submitted for review indicated the injured worker had pain to his low back, ribs, and right shoulder. However, there is a lack of documentation noting efficacy in terms of pain relief and functional improvement with the use of Celebrex. Consequently, the request is not supported. Moreover, the request did not specify a duration and frequency of use. As such, the request for Celebrex 200mg, #30 is not medically necessary.

Baclofen 20mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: According to the California MTUS Guidelines, baclofen is a muscle relaxant that is indicated to treat spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. The clinical documentation submitted for review did not indicate the injured worker had such a condition, nor spasms. Consequently, the request is not supported. Additionally, there is a lack of documentation noting efficacy in terms of decreased spasms, pain relief, and functional improvement. As such, the request for Baclofen 20mg, #30 is not medically necessary.

12 Session of Psychological Counseling: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: According to the California MTUS Guidelines, cognitive behavioral therapy is recommended based on a patient's risk factors for delayed recovery including fear-avoidance beliefs. The guidelines indicate that such therapy is indicated based on a referral. The clinical documentation submitted for review did not indicate any behavioral or cognitive deficits to warrant the need for such therapy. Additionally, it was noted that the injured worker had the proper referral for this therapy. Consequently, the request is not supported. Moreover, the request exceeds the guidelines recommended duration of treatment. As such, the request for 12 Session of Psychological Counseling is not medically necessary.

Thermacare Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review did not indicate the injured worker had neuropathic pain. Additionally, there was no evidence regarding the failure of antidepressants and anticonvulsants. Consequently, the request is not supported. Additionally, the request did not specify duration and frequency of use, nor body region. As such, the request for Thermacare Patches #30 is not medically necessary.

Trazadone 50/100mg, #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) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: According to the California MTUS Guidelines, documentation regarding the efficacy of antidepressants should be documented in terms of pain outcomes, functional improvement, side effects, sleep quality and duration, changes in the use of other medications, and a psychological assessment. The clinical documentation submitted for review did not indicate a rationale for the use of this medication, nor was efficacy documented. Consequently, the request is not supported. Additionally, the request did not specify duration and frequency of use. As such, the request for Trazadone 50/100mg, #30 is not medically necessary.

Colace 250mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/colace.html>.

Decision rationale: According to the California MTUS Guidelines, prophylactic use of medication to treat constipation should be initiated with opioid use. More specifically, Drugs.com indicates that Colace is used to relieve constipation and prevent dry, hard stools. The clinical documentation submitted for review did not provide subjective findings regarding constipation nor was efficacy documented. Consequently, the request is not supported. Moreover, the request did not specify duration and frequency of use. As such, the request for Colace 250mg, #60 is not medically necessary.