

<b>Case Number:</b>	CM15-0081390		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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, 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 49-year-old female, who sustained an industrial injury on 5/13/14. She reported initial complaints of right knee pain. The injured worker was diagnosed as having lumbosacral sprain/strain; lumbar muscle spasm; lumbar disc protrusion; peripheral saphenous sensory polyneuropathies; right wrist sprain/strain; right carpal tunnel syndrome; right De Quervain's; right hip sprain/strain; right knee chondromalacia; degenerative disc disease lumbar; degeneration of medial meniscus right knee. Treatment to date has included physical therapy; TENs unit; acupuncture; wrist splints; urine drug screening; medications. Diagnostics included MRI right elbow 12/22/14; EMG/NCV upper extremities (7/26/14) that was normal; stand-up MRI lumbar and right lower extremity (2/6/15); EMG/NCV bilateral lower extremity/lumbar (2/3/15). Currently, the PR-2 notes dated 3/4/15 indicated the injured worker complains of constant moderate 6/10 achy low back pain and weakness. The pain radiates to both legs. She also complains of moderate 6/10 achy right wrist pain with numbness and tingling. She complains of frequent moderate 6/10 stabbing right hip pain and weakness. She presents today with complaint of moderate 7/10 right knee pain and weakness. Objective findings note lumbar ranges of motion are decreased and painful; with 2+ tenderness to palpation of lumbar paravertebral muscles with spasms. The right wrist range of motion are decreased and painful with 3+ tenderness to palpation of the dorsal and volar wrist, Tinel's causes numbness, reverse Phalen's causes pain. The right hip notes range of motion decreased and painful with 2+ tenderness to palpation and Patrick's Fabere causes pain. The right knee range of motion is decreased and painful with +3 tenderness to palpation of anterior knee, medial border patella and lateral border patella. Patellar compression causes pain. The provider has requested 10

tablets of Phenergan 25mg (Post-op); 120 Capsules of Colace 100mg (Post-op); 180 tablets of Norco 10/325mg (Post-op) and 60 capsules of Keflex 500mg (Post-op). The patient sustained the injury due to slip and fall incident. The medication list includes Tramadol, Ibuprofen and Omeprazole. The patient was recommended for right and left CTR. Whether patient was certified for right and left CTR or not was not specified in the records provided. Any operative note was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **10 tablets of Phenergan 25mg (Post-op): 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 ODG-PAIN chapter, Pain (updated 04/06/15), Antiemetics (for opioid nausea).

**Decision rationale:** Request: 10 tablets of Phenergan 25mg (Post-op) as per cited guideline "Not recommended for nausea and vomiting secondary to chronic opioid use." As per the cited guideline, the drug Promethazine is not recommended for nausea and vomiting secondary to chronic opioid use. A detailed GI examination was not specified in the records provided. Other causes of nausea and vomiting were not specified in the records provided. Any lab reports were not specified in the records provided. The patient was recommended for right and left CTR. Whether patient was certified for right and left CTR or not was not specified in the records provided. Any operative note was not specified in the records provided. Therefore, the medical necessity of 10 tablets of Phenergan 25mg (Post-op) is not fully established for this patient at this time.

#### **120 Capsules of Colace 100mg (Post-op): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex, FDA labeled indication for Docusate sodium, Constipation care.

**Decision rationale:** 120 Capsules of Colace 100mg (Post-op) Colace contains Docusate sodium. According to the Thompson Micromedex FDA, labeled indication for Colace includes "constipation care". The patient was recommended for right and left CTR. Whether patient was certified for right and left CTR or not was not specified in the records provided. Any operative note was not specified in the records provided. The medical necessity of 180 tablets of Norco

10/325mg (Post-op) is not established for this patient. Therefore, the medical necessity of Colace 100mg one cap po BID #10 is medically necessary and appropriate.

**180 tablets of Norco 10/325mg (Post-op): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids; Opioids, criteria for use, Therapeutic Trial of Opioids page(s): 75, 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, Criteria for use of Opioids, Therapeutic Trial of Opioids.

**Decision rationale:** 180 tablets of Norco 10/325mg (Post-op) Norco contain Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "the lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids like tramadol and other non-opioid medications, without the use of Norco, was not specified in the records provided. The patient was recommended for right and left CTR. Whether patient was certified for right and left CTR or not was not specified in the records provided. Any operative note was not specified in the records provided. The medical necessity of 180 tablets of Norco 10/325mg (Post-op) is not established for this patient.

**60 capsules of Keflex 500mg (Post-op): 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), Infectious Diseases, Cephalexin (Keflex).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases (updated 06/08/15) Cephalexin (Keflexi).

**Decision rationale:** 60 capsules of Keflex 500mg (Post-op) as per cited guideline, "Cephalexin (Keflex) recommended as first-line treatment for cellulites and other conditions. See Skin & soft tissue infections: cellulites. For outpatients with non-purulent cellulites, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive S. aureus, cephalexin 500

mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins." The patient was recommended for right and left CTR. Whether patient was certified for right and left CTR or not was not specified in the records provided. Any operative note was not specified in the records provided. The medical necessity of the request for 60 capsules of Keflex 500mg (Post-op) is not fully established for this patient.