

Case Number:	CM15-0082325		
Date Assigned:	05/04/2015	Date of Injury:	08/14/2003
Decision Date:	06/03/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old female, who sustained an industrial injury on 08/14/2003. She has reported injury to the back. The diagnoses have included back pain; and failed L5 interbody fusion with revision with Lanx Aspen device at L5-S1 with persisting back pain and spasms. Treatment to date has included medications, diagnostics, injections, surgical intervention, and home exercise regimen. Medications have included Norco, Zofran, Dilaudid, Ativan, Trazodone, and Hydroxyzine. A progress note from the treating physician, dated 03/11/2015, documented a follow-up visit with the injured worker. The injured worker reported severe back pain with radiating pain down both legs, more in the right than the left, with burning sensation; and 50% reduction in her pain and functional improvement with activities of living with medications versus not taking them at all. Objective findings included palpable muscle spasm in the lumbar trunk; straight leg raises are positive on the left and right; and she ambulates with a limp. Retrospective (date of service 03/11/2015) request is being made for 1 injection of 25mg of Phenergan; and 1 injection of 10mg of Morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 03/11/2015) 1 injection of 25mg of Phenergan: 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: Retrospective (DOS 03/11/2015) 1 injection of 25mg of Phenergan is not medically necessary per the ODG Guidelines. The MTUS does not specifically address Phenergan. The ODG does not recommend Phenergan for nausea due to opioids. The ODG states that Promethazine (Phenergan) 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. The documentation indicates that the patient was given Phenergan for opioid nausea therefore this medication is not medically necessary.

Retrospective (DOS 03/11/2015) 1 injection of 10mg of Morphine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Morphine sulfate ER, CR (Avinza; Kadian; MS Contin; Oramorph SR; generic available, except extended release capsules) Page(s): 93.

Decision rationale: Retrospective (DOS 03/11/2015) 1 injection of 10mg of Morphine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for additional opioids in the form of injectable Morphine is not medically necessary.