

Case Number:	CM15-0086698		
Date Assigned:	05/08/2015	Date of Injury:	07/25/2007
Decision Date:	06/25/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/05/2015

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: Emergency 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 35 year old female, who sustained an industrial injury on 07/25/2007. She has reported injury to the low back. The diagnoses have included postlaminectomy syndrome of lumbar region; neurogenic bladder; neurogenic bowel; radial styloid tenosynovitis. Treatment to date has included medications, acupuncture, aquatic therapy, physical therapy, home exercise program, surgical intervention, and functional capacity program. Medications have included Motrin, Prevacid, Methadone, Tramadol, Promethazine, and Cymbalta. A progress note from the treating physician, dated 03/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of chronic pain in her lumbar spine and right thumb pain; has been working on med tapers; has better coping; and does home exercise program. Objective findings included depression; ambulating without a device; and she does not appear to be in acute distress. The treatment plan has included the request for Prevacid 30 mg; Motrin 800 mg #120 times 3 refills; and Promethazine 12.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request is for prevacid, which is the trade name for lansoprazole, which is a proton-pump inhibitor, meant for the treatment of acid reflux disease and other disorders of the stomach and duodenum. The MTUS guidelines recommends the use of proton-pump inhibitors when treatment necessitates the use of non-steroidal anti-inflammatory drugs and there is an increased risk of gastrointestinal events. The risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. While the request is also for motrin, the request for further NSAIDS has exceeded the criteria set forth in the MTUS guidelines. There is no clear documentation of gastrointestinal side effects that would necessitate further treatment with a proton-pump inhibitor after cessation of motrin. The MTUS guidelines do not support the request as written and it is therefore not medically necessary.

Motrin 800 mg #120 times 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request is for motrin, a trade name for ibuprofen, which is a non-steroidal anti-inflammatory used for the treatment of mild to moderate pain. non-steroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief of acute exacerbation of chronic low back pain. However, non-steroidal anti-inflammatory drugs appear to be no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that non-steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In general, non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Studies have shown that when non-steroidal anti-inflammatory drugs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The request as written would encompass 4 months duration of use. This is well beyond what is recommended by the MTUS guidelines for acute treatment of an exacerbation of chronic pain. Therefore, it is not medically necessary.

Promethazine 12.5 mg: Upheld

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

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 and Promethazine.

Decision rationale: The request is for promethazine, which is a antiemetic that also has sedative properties. The MTUS guidelines do not clearly address the use of antiemetics in the management of chronic pain. The Official Disability Guidelines suggest promethazine as a sedative and antiemetic in the preoperative and postoperative setting. It does not endorse the use of promethazine for nausea and vomiting secondary to chronic opioid use. The records provided for review do not provide any clear documentation that meet criteria for use. The request as written is not supported and is therefore not medically necessary.