

<b>Case Number:</b>	CM14-0114947		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/11/1994
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54 year old male who sustained an injury on 01/11/94. No specific mechanism of injury was noted. The injured worker has undergone a prior lumbar fusion in 1996 and has been followed for ongoing chronic low back pain. The injured worker did have a spinal cord stimulator placed in 2011. The injured worker has had an extensive medication history to include long term use of narcotics, neuropathic medications, antidepressants, and benzodiazepines. The injured worker was also being treated for concurrent depression due to chronic pain. The injured worker did undergo hardware injections on 04/09/14 with significant improvement following the procedure. As of 06/10/14 the injured worker continued to report moderate-severe pain. The injured worker was able to perform minimal activities with medications but would be completely non-functional without them. As of this evaluation the injured worker's medications included oxycodone 15mg q8h, Oxycontin 40mg q6h, Lyrica 100mg QID, Flector patches, Lidoderm patches, promethazine 25mg, and Clonidine .2mg. The physical exam noted no specific findings. The injured worker was pending possible hardware removal. The injured worker was recommended to decrease Oxycontin by 10mg every two weeks. The injured worker was insinuating suicidal ideation if opiates were discontinued. It is noted that urine drug screen were positive for benzodiazepines and Marijuana and negative for oxycodone. There were ongoing concerns regarding the continued use of opioid medications and further tapering was recommended on 06/23/14. As of 07/22/14 the injured worker's pain was unchanged. No significant improvement on VAS scores were noted and the injured worker's pain was 9/10. The injured worker's physical exam noted limited lumbar range of motion with tenderness to palpation and weakness in the lower extremities. The injured worker was recommended to further taper Oxycontin by 6% every 2 weeks with a goal of 80mg per day total of oxycodone at the minimum.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Promethazine HCL 25mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/promethazine.html](http://www.drugs.com/promethazine.html)

**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, Anti-emetics

**Decision rationale:** The use of promethazine in this case is not supported as medically necessary. The clinical documentation provided has not established ongoing side effects with medications to include nausea and vomiting that would support the continuation of this anti-emetic. Furthermore, current evidence based guidelines do not recommend long term use of anti-emetics and instead recommend alteration of the injured worker's medication regimen to avoid nausea and vomiting side effects. As such, this request is not medically necessary.

### **Oxycontin 40mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

**Decision rationale:** In this case, this reviewer would recommend certification for the requested Oxycontin at 40mg quantity 120. The injured worker is actively being weaned down on Oxycontin with established goals of MED meeting guideline recommendations at a minimum. Narcotic medications, especially at the levels being prescribed to the injured worker, should not be abruptly stopped. Given the plans for weaning off narcotic medications, this request is medically necessary.

### **Oxycontin 30mg #45:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

**Decision rationale:** In this case, this reviewer would recommend certification for the requested Oxycontin at 30mg quantity 45. The injured worker is actively being weaned down on Oxycontin with established goals of MED meeting guideline recommendations at a minimum.

Narcotic medications, especially at the levels being prescribed to the injured worker, should not be abruptly stopped. Given the plans for weaning off narcotic medications, this request is considered medically necessary.

**Oxycodone HCL 15mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

**Decision rationale:** In this case, this reviewer would recommend certification for the requested Oxycodone 15mg quantity 90. The injured worker is actively being weaned down on Oxycontin with established goals of MED meeting guideline recommendations at a minimum. Narcotic medications, especially at the levels being prescribed to the injured worker, should not be abruptly stopped. Given the plans for weaning off narcotic medications, this request is medically necessary.

**Chlordiazepoxide HCL 254mg: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Chlordiazepoxide. (2013). In Physicians' desk reference 67th ed

**Decision rationale:** The injured worker has already exhibited both depressive and anxiety symptoms as a side effect from withdrawing off of narcotic medications and has expressed suicidal intent. The use of Chlordiazepoxide is indicated for the treatment of anxiety secondary to substance withdrawal such as narcotics withdrawal. As such, this request is medically necessary.