

Case Number:	CM14-0160557		
Date Assigned:	10/06/2014	Date of Injury:	05/11/2010
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old female with a 5/11/10 date of injury. At the time (8/4/14) of request for authorization for Hydrocodone/APAP 10/325mg #150, MS Contin 30mg ER # 90, Promethazine 25mg # 30, and Soma 350mg #120, there is documentation of subjective ongoing neck pain radiating to both arms, numbness and loss of sensation over both hands, nausea, and anxiety and objective cervical tenderness to palpation and decreased range of motion findings, current diagnoses closed head injury, depression, left orbital fracture, and C5-6 ruptured disc, and treatment to date medications including ongoing treatment with MS Contin, Norco, Soma since at least 3/24/14, Promethazine, and Gabapentin. Medical report identifies that risks, benefits, and alternatives were discussed with the patient; and that Soma is prescribed for spasm. Regarding Hydrocodone/APAP, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date. Regarding MS Contin, there is no documentation of chronic pain; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of MS Contin use to date. Regarding Promethazine, there is no documentation that Promethazine is used as a sedative and antiemetic in pre-operative and post-operative situations. Regarding Soma, there is no documentation of acute exacerbations of chronic low back pain; the

intention for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg QTY: 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of closed head injury, depression, left orbital fracture, and C5-6 ruptured disc. In addition, there is documentation of ongoing treatment with Hydrocodone/APAP. However, despite documentation that risks, benefits, and alternatives were discussed with the patient, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 10/325mg #150 is not medically necessary.

MS Contin 30mg ER QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of MS Contin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of closed head injury, depression, left orbital fracture, and C5-6 ruptured disc. In addition, there is documentation of ongoing treatment with MS Contin. However, despite documentation of ongoing pain, there is no (clear) documentation of chronic pain. In addition, despite documentation that risks, benefits, and alternatives were discussed with the patient, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of MS Contin use to date. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 30mg ER # 90 is not medically necessary.

Promethazine 25mg QTY: 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)

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 (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 .

Decision rationale: MTUS does not address the issue. ODG identifies Phenergan (Promethazine) is recommended as a sedative and antiemetic in pre-operative and post-operative situations. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of closed head injury, depression, left orbital fracture, and C5-6 ruptured disc. In addition, there is documentation of ongoing treatment with Promethazine. However, despite documentation of nausea, there is no documentation that Promethazine is used as a sedative and antiemetic in pre-operative and post-operative situations. Therefore, based on guidelines and a review of the evidence, the request for Promethazine 25mg #30 is not medically necessary.

Soma 350mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Carisoprodol (Soma), page(s) 29.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical service. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of closed head injury, depression, left orbital fracture, and C5-6 ruptured disc. In addition, there is documentation of ongoing treatment with Soma; and Soma used a second line option. However, despite documentation of spasm, and given documentation of a 5/11/10 date of injury, there is no documentation of acute muscle spasms or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Soma since at least 3/24/14, there is no documentation of the intention for short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg # 120 is not medically necessary.