MAXIMUS Federal Services

Case Number:	CM14-0176205		
Date Assigned:	10/29/2014	Date of Injury:	05/31/2007
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family 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:

This is a 55 year old male patient who sustained a work related injury on 5/31/2007. He sustained the injury while sitting in a broken seat of vehicle. The diagnoses include nausea, diarrhea, back pain, hernia and lumbar strain/sprain. Per the doctor's note dated 10/3/14, he had complaints of mild dull right lower quadrant pain, nausea and diarrhea, dull low back pain with radiation to left leg to left knee. According to the doctor's note dated 9/19/2014, patient had complaints of low back pain, mild abdominal pain, nausea and diarrhea. Physical examination revealed abdominal tenderness, tenderness over the thoracolumbar spine, restricted range of back motion. The medication list includes tramadol. He was also prescribed Phenergan and Lorazepam. He has had lab tests on 9/19/14 including CBC and CMP- alkaline phosphatase 157. He has had abdominal CT scan. He has undergone lumbar fusion with hardware in 12/2009, total colectomy with ileostomy in 10/2012, reversal of ileostomy and gallbladder removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg #70: Overturned

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); Chapter: Pain (updated 11/21/14), Promethazine (PhenerganÂ®), Antiemetics (for opioid nausea).

Decision rationale: The patient has nausea and a history of a total colectomy with ileostomy in 10/2012 as well as a reversal of ileostomy. He has a history of a chronic GI condition. There is objective abdominal tenderness. Phenergan is a first line anti-emetic agent. Therefore, the use of Phenergan is medically appropriate and necessary in this patient.

Lorazepam 1mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Lorazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety."Trial of other measures for treatment of insomnia is not specified in the records provided. Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. Therefore, the Lorazepam 1mg #90 is not medically necessary and appropriate.

Tramadol 50mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75, 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The need for tramadol on a

daily basis with lack of documented improvement in function is not fully established. The level of the pain with and without medications is not specified in the records provided. Short term or prn use of tramadol in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 200 tablets of tramadol 50 mg, as submitted, is not deemed medically necessary.