MAXIMUS Federal Services

Case Number:	CM14-0180591		
Date Assigned:	11/05/2014	Date of Injury:	01/05/1993
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/30/2014

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 Geriatrics and is licensed to practice in New York. 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 55 year old woman with an injury sustained on 1/5/93. She was seen by her pain physician on 10/22/14 with complaints of pain in multiple sites including her low back, right hip and right leg/foot. She felt her medications reduced her pain to a 4/10 and kept her functional allowing for increased mobility, tolerance of activities of daily living and home exercises. She did not report side effects and denied nausea. Her exam showed tenderness to palpation in her lumbosacral spine with limitations in range of motion and tenderness in the right sciatic notch. She had bilateral positive straight leg raises. Her gait was normal. She had decreased sensation and strength in her right lower extremity. Her diagnoses were osteoarthritis gen/loc lower leg, lumbago, other acute reactions to stress, thoracic/lumbosacral neuritis/radiculitis and post-laminectomy syndrome - lumbar region. At issue is the use of Norco for pain, Promethazine for nausea, and Soma for spasms. The length of prior prescription is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/ 325 mg # 180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records.

Promethazine HCL 25 mg # 30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: promethazine drug information

Decision rationale: This 55 year old injured worker has chronic back and leg pain with an injury sustained in 1993. Her medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics muscle relaxants. Promethazine is prescribed for severe nausea per the note of 10/22/14 documents that she denies nausea or abdominal pain. The medical necessity for Promethazine is not substantiated in the noted. The request is therefore considered not medically necessary.

Soma 350 mg # 120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skeletal Muscle Relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63-66.

Decision rationale: With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, spasm is not documented. The medical necessity of Soma is not substantiated in the records and is therefore considered not medically necessary.