

Case Number:	CM14-0164461		
Date Assigned:	10/09/2014	Date of Injury:	05/11/2010
Decision Date:	03/13/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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: Physical Medicine & Rehabilitation

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 52-year-old female who reported injury on 05/11/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of closed head injury, complaints of depression, left orbital fracture, past history of drug abuse, ruptured C5-6 disc, status post left orbital fracture surgery, and complaints of visual disturbance. On 08/04/2014, the injured worker underwent a urine drug screen which showed the injured worker was compliant with prescription medications. On 08/06/2014, the injured worker complained of significant pain in the neck that radiates to both arms and hands. The injured worker also complained of numbness and tingling in both upper extremities, predominantly the right side. She described the pain as constant. Hoffmann's and Babinski's were negative bilaterally on physical examination. Testing dermatomes from C2-T1 were normal to soft touch and pinwheel except altered sensation in hands, especially right C6 root. Nerve roots from C1-T1 were normal with all muscle group testing rated 5/5. Ranges of motion were within normal limits. The medical treatment plan is for the injured worker to undergo psych evaluation and continue with medication management. A rationale was not submitted for review. The Request for Authorization form was submitted on 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing Page(s): 78, 86.

Decision rationale: The request for MS Contin 30mg #90 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the MS Contin, nor did it indicate that it was helping with any functional deficits the injured worker was having. Additionally, there were no assessments documented indicating what pain levels were before, during, and after medication administration. A urine drug screen which was obtained showed that the injured worker was compliant with prescription medications. However, the guidelines state that opioids should not exceed 120 oral morphine equivalents per day. The total morphine equivalents the injured worker was taking per day totals 130 MEPs per day. There were no other significant factors provided to justify the use outside of current guidelines. Furthermore, the request as submitted did not indicate a frequency or duration for the medication. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.

Promethazine 25mg #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, Antiemetics (for opioid nausea).

Decision rationale: The request for Promethazine 25mg #30 is not medically necessary. The Official Disability Guidelines state Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with opioid use. These side effects tend to diminish over days to weeks with continued exposure. It was indicated in the submitted documentation that the injured worker had been taking the promethazine since at least 07/2014, exceeding the recommended guidelines criteria for short term use. Additionally, in the progress note, there was no indication of the injured worker having any nausea. Given that there were no other significant factors provided to justify the use outside of current guidelines, the request would not be indicated. As such, the request is not medically necessary.

Hydrocodone/APAP 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: The request for Hydrocodone/APAP 10/325mg #150 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the hydrocodone/APAP, nor did it indicate that it was helping with any functional deficits the injured worker was having. Additionally, there were no assessments documented indicating what pain levels were before, during, and after medication administration. A urine drug screen which was obtained showed that the injured worker was compliant with prescription medications. However, the guidelines state that opioids should not exceed 120 oral morphine equivalents per day. The total morphine equivalents the injured worker was taking per day totals 130 MEPs per day. There were no other significant factors provided to justify the use outside of current guidelines. Furthermore, the request as submitted did not indicate a frequency or duration for the medication. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: The request for Soma 350mg #120 is not medically necessary. The California MTUS Guidelines state Soma is not indicated for longer than a 2 to 3 week period. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The submitted documentation did not indicate the efficacy of the medication in order to indicate that it was helping with any possible muscle spasm the injured worker was having. Additionally, it was indicated in the submitted documentation that the injured worker had been on the medication since at least 03/2014, exceeding the recommended guidelines for a 2 to 3 week period. Given that there were no other significant factors provided to justify the use outside of current guidelines, the request would not be indicated. As such, the request is not medically necessary.