

Case Number:	CM15-0000436		
Date Assigned:	01/12/2015	Date of Injury:	02/18/2011
Decision Date:	05/29/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/02/2015

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 was 55-year-old female, who sustained an industrial injury, February 18, 2011. The injured worker was working from home. She went outside to assess why the internet was down and a tree fell on her. The injured worker sustained a right femur fracture and right hip. The injured worker underwent open reduction and fixation of the fracture with a hemiarthroplasty that was cemented into place and also fixation metal. The injured worker continues with a great deal of pain in the right hip. According to the progress note of October 6, 2014, the injured worker also suffers from post-traumatic stress disorder and depression from the accident, constipation, anxiety, neurological disorder, chronic headaches, arthritis of the hip and knee. The injured worker had had two right hip surgeries, months of physical therapy and EMG/nerve studies of the lower extremities which were normal. The primary provider requested Ativan, Phenergan injections, Norco and Senokot, for the relief of pain, nausea and constipation. On December 5, 2014, the UR denied authorization for Ativan, Phenergan injections, Norco and Senokot. The Senokot was denied due to, the OGD guidelines for opioid induced constipation. The Ativan was denied on the bases of the MTUS guidelines for Chronic Pain the long term use of benzodiazepine. The Phenergan was denied on the ODG guidelines was not recommended for nausea and vomiting secondary to opioid use. The Norco was denied on the bases of MTUS Guidelines for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74 & 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78 and 88-89.

Decision rationale: The patient is a 55 year-old female who injured her right shoulder, face, teeth, right hip, on 2/18/2011 when a tree fell on her. She underwent hip replacement surgery 2012, and the QME states the lumbar spine and right knee are compensable consequences. According to the 11/17/14 report, the patient presents with severe right-sided back and hip pain and weakness in the right leg. She reports being nauseated for the past few days. Pain is 9/10. The pain ranges from 10/10 without medication to 4/10 with medications. She has 50% improvement in function with the medications than without. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89, CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids (6-months or more) states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS states a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient is reported to have a satisfactory response with use of Norco, with 50% reduction in pain and improved function. The request for Norco 10/325mg, #120, IS medically necessary.

Senokot #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioid-Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The patient is reported to be taking Norco for pain control. MTUS Chronic Pain Medical Treatment Guidelines page 77: Under the heading, Therapeutic Trial of Opioids, Initiating Therapy states that when initiating a trial of opioids, that Prophylactic treatment of constipation should be initiated. The use of Senokot is in accordance with MTUS guidelines. The request for Senokot, #120 is medically necessary.

Ativan 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Benzodiazepines.

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

Decision rationale: The medical records show the patient was taking Ativan since at least 10/6/14 and continues to use this medication for anxiety through 12/15/14. Ativan is a benzodiazepine. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: 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. The records show the patient has been using the benzodiazepine Ativan for over 4 weeks. This is not in accordance with MTUS guidelines. The request for Ativan 1mg, #90, is no medically necessary.

Injection - 25mg Phenergan IM performed 11/17: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Pain chapter online for Antiemetics (for opioid nausea).

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 online for Antiemetics (for opioid nausea).

Decision rationale: According to the 11/17/14 report, the patient presents with severe right-sided back and hip pain and weakness in the right leg. She reports being nauseated for the past few days. The patient was provided an injection of Phenergan for nausea of unknown etiology. On the 12/15/14 report, the patient is prescribed oral Phenergan for nausea side effects from pain medication. Phenergan is an antiemetic. MTUS/ACOEM did not discuss Phenergan. ODG-TWC guidelines, Pain chapter online for Antiemetics (for opioid nausea) states these are not recommended for nausea and vomiting secondary to chronic opioid use. The use of Phenergan, IM or oral, for nausea from side effects of the Norco is not in accordance with ODG-TWC guidelines. The retrospective request for Injection, 25mg Phenergan IM on 11/17/14, IS NOT medically necessary.