

Case Number:	CM15-0002044		
Date Assigned:	01/13/2015	Date of Injury:	07/01/2009
Decision Date:	03/12/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 45 year old female, who sustained an industrial injury on 7/1/2009. The diagnoses have included cervicalgia, cervical radiculitis, other specified idiopathic peripheral neuropathy and carpal tunnel syndrome. Past medical history includes hypertension and migraine headaches. Surgical history includes cervical surgery and shoulder surgery. Treatment to date has included rest, activity modification, nonsteroidal anti-inflammatory drugs, opioids chiropractic treatment and home physical therapy. Per the physician progress note from 12/12/2014, the injured worker had chief complaints of cervical pain, shoulder pain and upper extremity pain. No significant changes were noted from prior exam. She stated that her pain was 10/10 without the Norco and was 5/10 with the Norco, which she took every 12 hours. She admitted that her neck and upper extremity pain had increased over the past week and she had to increase the Norco to 3 times a day. She stated that the Norco allowed her to care for her teenage daughter and perform her household duties. She reported that her right shoulder pain was progressively getting worse. Physical exam of the cervical area revealed paraspinal tenderness and pain with rotation and extension. Neurological exam revealed decreased grip strength bilaterally. Shoulder exam revealed pain with palpation and decreased range of motion. The physician plan was to increase Norco 10-325mg to 1 tablet as needed, orally 3 times a day, refill promethazine HCL tablet 25mg at bedtime, increase to twice a day and continue ibuprofen 800mg tablet as needed. The physician noted that they attempted to wean the injured worker off her opioids, but her activities of daily living were in jeopardy. The duration of the medications was not noted. On 12/24/2014, Utilization Review (UR) non-certified a request for 90 Norco 10-325mg, noting that the records

fail to reveal significant pain decreases and measurable functional improvement gained by the prolonged use of this medication. The MTUS was cited. UR non-certified a request for 60 promethazine HCL 25mg, noting that ODG guidelines do not recommend this medication for nausea and vomiting secondary to chronic opioid use. UR non-certified a request for 90 Ibuprofen 800mg, noting that the injured worker remained symptomatic and reported increased pain. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Norco 10-325 MG: 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): 74-96. Decision based on Non-MTUS Citation Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The records state that she has 50% increase in function but is vague on how that was determined. The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, increased functional improvement or improved quality of life. As such, the question for 90 Norco 10-325 mg is not medically necessary.

60 Promethazine HCL 25 MG: Upheld

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 Pain and Mental Illness & Stress, Promethazine (Phenergan; ½)

Decision rationale: Phenergan is the brand name version of Promethazine, which is an anti-nausea medication. MTUS is silent specifically regarding promethazine, so other guidelines were utilized. ODG states regarding promethazine, "Not recommended for nausea and vomiting secondary to chronic opioid use." ODG additionally cites another possible indication of use as a

sleep aid, when "sedating antihistamines are not recommended for long-term insomnia treatment." And "Tolerance seems to develop within a few days." Medical records indicate that the Phenergan is used for nausea symptoms and not as a sleep aid. The treating physician does not describe the symptoms in sufficient details the medical notes or provide any clinical examination or evaluation prior to the date of service. ODG does not recommend this medication for opioid induced nausea. As such, the request for Retrospective Request: 60 Phenergan HCL 25 mg is not medically necessary.

90 Ibuprofen 800 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Ibuprofen, NSAIDs Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The patient reported GI symptoms in the past while taking Ibuprofen. The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. The patient is also being prescribed 800mg which is higher than the recommended 400mg which puts her at increased risk of side effects. As such the request for 90 Ibuprofen 800mg is not medically necessary.