

Case Number:	CM15-0126141		
Date Assigned:	07/10/2015	Date of Injury:	12/03/1996
Decision Date:	09/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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, Pain Management

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 51 year old female who sustained an industrial injury on 12/3/96. The injured worker was diagnosed as having chronic myofascial pain syndrome related to repetitive trauma, sprain/strain injury to her cervical spine and upper extremities, possible carpal tunnel syndrome bilaterally, possible fibromyalgia, and industrial onset of depression and anxiety disorder and history of narcotic dependency. Currently, the injured worker was with complaints of pain in the neck, shoulders with associated burning and weakness in the bilateral arms. Previous treatments included oral opioids, psychological evaluation, oral muscle relaxants, oral antidepressants, and oral selective serotonin reuptake inhibitor. Previous diagnostic studies included a magnetic resonance imaging. The injured work status was noted by the provider as "remains off work". The injured workers pain level was noted as 9/10. Physical examination was notable for limited range of motion in the neck; tenderness to the bilateral shoulder subacromial, hands with mildly positive Phalen's and Tinel's signs, and tenderness over the medial and lateral epicondyles of bilateral elbows. The plan of care was for Phenergan 25 milligrams quantity of 30 and Norco 10/325 milligrams quantity of 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 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) Pain Chapter (Online Version).

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, Anti-emetics.

Decision rationale: Regarding the request for promethazine (Phenergan), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Within the documentation available for review, no other indication for this medication has been described. In the absence of clarity regarding those issues, the currently requested promethazine (Phenergan) is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.