

Case Number:	CM15-0145128		
Date Assigned:	08/06/2015	Date of Injury:	03/14/2003
Decision Date:	11/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40-year-old male who sustained a work related injury on 3-12-2002. On 4-21-15, the injured worker was evaluated for lumbar post laminectomy syndrome. He reported considerable discomfort and had basically minimal activity at best. He had tapered his long-acting OxyContin 40 mg to twice per day rather than three times per day. He had a subsequent increase in back pain and left leg pain. He found that he was "stuck in bed most of the time." Previously he had been able to go out and get his mail and do some light straightening around his house. He could not do that any longer. He could not drive or go to the store for his mother. He needed assistance putting on his shoes. He was significantly overweight and bariatric surgery had been recommended. On physical examination, he had splints on his wrists to support himself and used a cane. He could not sit down. He spent his time standing up or leaning forward. He had pain with palpation to the presacral area and the paravertebral area in the lumbar spine. He had a well-healed laminectomy incision and minimal range of motion. Hip flexion and straight leg raise produced considerable pain. He was unstable with his gait due to pain. He was given a Demerol-Phenergan injection for this ride home and his hydrocodone was increased to compensate for the decrease in long-acting oxycodone. A request for determined Demerol 100mg injection (4-21-15), promethazine 50mg injection (4-21-15), and Norco 10-325mg #120 was received on 7-21-15. On 7-22-2015, the UR physician determined Demerol 100 mg injection (4-21-15) and promethazine 50mg injection (4-21-15) were not medically necessary, while Norco 10-325mg #120 was modified to Norco 10-325mg #60 based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records (through 7-24-15) have not included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living. The treating provider notes do state that he has had subjective functional improvement on Norco, for breakthrough pain, and he is on other first-line pain medications. In total, the records do not indicate that he has had sustained functional improvement and documentation has not met the cited guidelines. The injured worker should continue appropriate follow up and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, the request for Norco 10/325mg #120 is not medically necessary and appropriate for ongoing pain management.

Demerol 100mg injection (4/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Meperidine (Demerol). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Meperidine (Demerol®).

Decision rationale: Per the cited CA MTUS and ODG, meperidine (Demerol) is not recommended for either acute or chronic pain control. Furthermore, meperidine is similar to morphine, and although it has been used to relieve moderate to severe pain, the AGS updated Beers criteria for inappropriate medication use includes meperidine. Therefore, although the injured worker may have been given a Demerol injection for acute pain control, it is not indicated for use. Thus, the request for Demerol 100mg injection (4/21/15) is not medically necessary and appropriate.

Promethazine 50mg injection (4/21/15): 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 (chronic): Anti-emetics (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 (Chronic), Promethazine (Phenergan®).

Decision rationale: The CA MTUS is silent concerning the use of promethazine (Phenergan); however, the ODG is clear in stating that promethazine is not recommended for nausea and vomiting secondary to chronic opioid use. In the case of this injured worker, treating physician notes state he was given Phenergan and Demerol together for acute pain management on 4-21-15. Although the Demerol was given acutely, it was in the context of chronic pain management, for which it is not indicated. Moreover, the Phenergan was given for controlling symptoms of a non-certified medication, and promethazine in and of itself, is not recommended. Therefore, the request for promethazine 50mg injection (4/21/15) is not medically necessary and appropriate.