

Case Number:	CM15-0060552		
Date Assigned:	04/06/2015	Date of Injury:	05/10/1993
Decision Date:	05/29/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/30/2015

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, Washington

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 49 year old male, who sustained an industrial injury on 5/10/1993. The mechanism of injury was not provided. The details regarding the initial injury and prior treatments to date were not submitted for this review. Diagnoses include degenerative lumbar disc disease, stenosis, and arthrodesis, status post lumbar fusion. Currently, he complained of new onset pain into the right hip and groin area with chronic pain in the back. On 1/16/15, the physical examination documented an antalgic gait with painful range of motion in the right hip. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium (Diazepam) 10mg #45 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The duration of use could not be established; however, this was noted to be a current medication. There was a lack of documented rationale for 2 refills without evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Valium (Diazepam) 10mg #45 with 2 refills is not medically necessary.

Phenergan (Promethazine HCL) 25mg #90 with 2 refills: 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), Promethazine (Phenergan).

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, Antiemetics.

Decision rationale: The Official Disability Guidelines indicate that antiemetics are not recommended for opioid induced nausea and vomiting. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale to support a necessity for 2 refills without re-evaluation. Given the above and the lack of documentation the request for Phenergan (Promethazine HCL) 25mg #90 with 2 refills is not medically necessary.

Flexeril 10mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documented rationale for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10mg #60 with 2 refills is not medically necessary.

Dilaudid 4mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. Refills are not permitted per the DEA due to the drug's Schedule II classification. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, and an objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, these medications cannot be refilled per the DEA. There was a lack of documentation of exceptional factors related to refilling the medications. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Dilaudid 4mg #90 with 2 refills is not medically necessary.

Norco 10/325mg #300 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. Refills are not permitted per the DEA due to the drug's Schedule II classification. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, and an objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, these medications cannot be refilled per the DEA. There was a lack of documentation of exceptional factors related to refilling the medications. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #300 with 2 refills is not medically necessary