

Case Number:	CM15-0061479		
Date Assigned:	04/07/2015	Date of Injury:	08/02/2002
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/01/2015

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, Arizona
 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 is a 43 year old female, who sustained an industrial injury on 08/02/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar or lumbosacral disc degeneration, right hip labral tear, mood disorder other, and sacroiliac pain. Treatment to date has included laboratory studies, physical therapy, magnetic resonance imaging of the left shoulder with arthrogram, and a medication regimen. In a progress note dated 03/19/2015 the treating physician reports complaints of pain to the low back, left shoulder, and right hip. The pain is rated a six on the scale of one to ten with medication and is rated a ten on a scale of one to ten without medications. The injured worker's blood pressure was 142/78. The treating physician requested the medications Hytrin 1mg with a quantity of 30, Lyrica 50mg with a quantity of 90, Opana 10mg with a quantity of 90, Opana ER 40mg with a quantity of 60, and Promethazine 25mg with a quantity of 60 with the treating physician noting that the injured worker would not be able to leave her bed without her current medication regimen due to the chronic pain and notes that the injured worker's function and activities of daily living improve optimally on current medication regimen. The treating physician also notes that the injured worker is able to work full time on current medication regimen. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hytrin 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Chapter Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatments.

Decision rationale: The Official Disability Guidelines indicate that hypertension treatment is recommended, and the first line therapy is rennin angiotensin aldosterone system blockers. The injured worker's blood pressure was 142/78. There was a lack of documented rationale for the use of the medication. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Hytrin 1 mg #30 is not medically necessary.

Lyrica 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 50 mg #90 is not medically necessary.

Opana 10mg #90: Upheld

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

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

Decision rationale: The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. There was documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. However, as there was a lack of documentation of objective functional improvement, this medication would not be

supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana 10 mg #90 is not medically necessary.

Opana ER 40mg #60: Upheld

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

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

Decision rationale: The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. There was documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. However, as there was a lack of documentation of objective functional improvement, this medication would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana ER 40 mg #60 is not medically necessary.

Promethazine 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Chapter Pain last updated 03/23/15.

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 recommended in the postoperative period and it is not recommended for opioid induced nausea. The rationale for the requested medication was not provided. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for promethazine 25 mg #60 is not medically necessary.