

Case Number:	CM15-0063024		
Date Assigned:	04/08/2015	Date of Injury:	06/05/1995
Decision Date:	06/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/02/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 52 year old female who sustained an industrial injury on June 5, 1995. The mechanism of injury was not provided. The injured worker was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date includes diagnostic testing, facet nerve blocks, epidural steroid injection (ESI), massage therapy, assistive walking devices and medications including Promethazine, Zanaflex, Valium, Norco, Voltaren gel and Neurontin since at least early 2014. Promethazine helped with nausea from Norco use. According to the primary treating physician's progress report on January 29, 2015, the injured worker continues to experience low back pain with left radiculopathy symptoms to her legs and feet. Examination of the lumbar spine demonstrated tightness of the paravertebral muscles with positive twitch response with decreased range of motion. Numbness and tingling along the outer and back of the left leg with functional foot drop was noted. The injured worker has an antalgic gait and uses a left knee brace and left crutch for ambulation. The injured worker requested and received Toradol injections at the office visit. Current medications are listed as Gabapentin, Neurontin, Norco, Diazepam, Phenergan, Zanaflex and Voltaren gel. Treatment plan consists of increasing Gabapentin dosage, lumbar magnetic resonance imaging (MRI) and the current request for Promethazine, Zanaflex, Valium and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg, QTY: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.nlm.nih.gov/medlineplus/druginfo/meds>.

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 the treatment of opioid induced nausea and vomiting. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for opioid induced nausea and vomiting. This request would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for promethazine 25 mg qty: 180 is not medically necessary.

Zanaflex 4mg, QTY: 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

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 indicated the injured worker had utilized the medication since at least early 2014. There was a lack of documentation of objective functional benefit. Additionally, there was a lack of documentation indicating a necessity for 270 tablets. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zanaflex 4 mg qty: 270 is not medically necessary.

Valium 10mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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 indicated the injured worker had utilized the medication since at least early 2014. This exceeds guideline recommendations. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Valium 10 mg #90 is not medically necessary.

Norco 10/325mg, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

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 clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg qty: 180 is not medically necessary.