

Case Number:	CM15-0071785		
Date Assigned:	04/22/2015	Date of Injury:	07/01/2009
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/15/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 was a 45-year-old female, who sustained an industrial injury, July 1, 2009. The injured worker previously received the following treatments Norco, Ibuprofen, Phenergan, home physical therapy, random toxicology laboratory studies, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, shoulder surgery times 2, Xanax, Prilosec, Ativan, Valium and shoulder injection. The injured worker was diagnosed with occipital neuralgia, cervical spine radiculopathy, cervicgia, idiopathic peripheral neuropathy, pain in joint, carpal tunnel syndrome, lesion of ulnar nerve, other syndromes of the cervical region and encounter for long-term use of other medications, depression and anxiety. According to progress note of March 6, 2015, the injured workers chief complaint was neck, shoulder and upper extremity pain. The injured worker rated the pain at 10 out of 10 without Norco and 5 out of 10 with Norco; 0 being no pain and 10 being the worse pain. The injured worker takes Norco every 8 hours. This allowed the injured worker to take care of a teenage daughter and perform household duties. The shoulder pain was aggravated by over the reaching backwards and over the head. The physical exam noted bilateral paraspinal tenderness. There was pain with range of motion. There was pain at the C2 transverse process on the left with pain in the occipital distribution with tightness in the trapezius muscle bilaterally. There was decreased grip strength bilaterally. There was decreased sensation to pinprick in the both hands. The treatment plan included prescriptions for Phenergan, Ibuprofen and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Phenergan (Promethazine HCL) 25mg, #60: 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), Pulmonary (Acute & Chronic), Promethazine (Phenergan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Letter, Vol. 35 (Issue 912) December 24, 1993, pp. 124-126, Official Disability Guidelines: Pain: Antiemetics (for opioid nausea).

Decision rationale: Phenergan is the phenothiazine, promethazine. It that can be effective for prevention of vomiting due to cancer chemotherapy. Side effects include orthostatic hypotension, sedation, dystonic reactions, and akathisia. Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The request should not be medically necessary.

1 prescription for Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen; Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state, "Anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis, it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case, the patient had been receiving ibuprofen since at least September 2014 for several months without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be medically necessary.

1 prescription for Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving Norco since at least September 2014 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be medically necessary.