

Case Number:	CM15-0072983		
Date Assigned:	04/23/2015	Date of Injury:	12/11/2000
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, California
 Certification(s)/Specialty: 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:

The injured worker is a 58 year old female who sustained an industrial injury on 12/11/2000. The injured worker was diagnosed with failed back syndrome, lumbar degenerative disc disease and chronic low back pain. Treatment to date includes multiple back surgeries, physical therapy and long term opiate pain management. The injured worker is status post two levels Intradiscal Electrothermic Therapy (IDET) in 2001 complicated with discitis and a hematoma and a lumbar anterior and posterior fusion in 2003. According to the primary treating physician's progress report on March 17, 2015, the injured worker continues to experience multiple musculoskeletal symptoms of pain, numbness, weakness, fatigue, insomnia and depression. Pain scale was at 6/10. Examination demonstrated decrease, painful range of motion with tenderness to palpation of the paravertebral muscles and decreased dermatome sensation on the right L5-S1. Current medications are listed as Percocet, Promethazine and anti-hypertensive medications. Treatment plan consists of continuing with pharmacological pain management, follow-up with specialist MD's, activity as tolerated and the current request for Flexeril, Percocet and Promethazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine 25mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic): Promethazine (Phenergan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - pain chapter and antiemetics pg 14.

Decision rationale: Promethazine is used to treat allergies and post-operative nausea. According to the guidelines, Promethazine is not recommended to treat nausea secondary to opioid use. In this case, the claimant was on Promethazine for over a year along with Percocet. Documentation of specific continued use/need to medication response was not routinely documented. The continued use of Promethazine is not medically necessary.

Percocet 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone and acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for over a year. There was no indication of Tricyclic/Tylenol or weaning failure. The continued use of Percocet is not medically necessary.

Flexeril 10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine); Muscle relaxants (for pain).

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a few months and stop date was documented for July 2015. The long-term use of Flexeril is not recommended as above and is not medically necessary.