

Case Number:	CM15-0097178		
Date Assigned:	05/27/2015	Date of Injury:	04/06/2009
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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 53 year old female, who sustained an industrial injury on 04/06/2009. She reported slipping on a wet floor causing her to strike her right knee on a concrete surface where she subsequently fractured her knee. The injured worker was diagnosed as having abnormality of gait, Achilles bursitis or tendinitis, panic disorder without agoraphobia, chronic patellar tendinitis, chronic sprains and strains of the ankle and foot, chronic reflex sympathetic dystrophy, chronic pain, chronic contusion of the knee, and chronic opioid analgesic therapy. Treatment and diagnostic studies to date has included laboratory studies, magnetic resonance imaging of the right knee, and medication regimen. In a progress note dated 03/12/2015 the treating physician reports moderate, sharp, stabbing pain to the right knee. Examination reveals that the injured worker has extremity weakness, headache, anxiety, depression, insomnia, back pain, and is unable to straighten the right knee. The documentation did not indicate any gastrointestinal symptoms. The pain level is rated an 8 on a numeric scale of 0 to 10 without the injured worker's medication regimen and the pain is rated a 6 on the numeric scale of 0 to 10 with the injured worker's medication regimen. The treating physician also noted that the injured worker is able to get out of bed, but is unable to get dressed and stays home all day with use of her medication regimen, but without the injured worker's medication regimen she stays in bed all day and feels hopeless and helpless. The level of pain interference with activities of daily living on a scale of 0 to 10 over the last month was rated a 6. The injured worker's current medication regimen includes Clonazepam, Mirtazapine, Ambien, Promethazine, OxyContin, Norco, Neurontin, and Lidoderm. The treating physician requested the medication OxyContin 20mg

with a quantity of 60 noting good relief with this medication in combination with Norco. The treating physician also requested the medication regimen Promethazine HCL 25mg with a quantity of 60, but the documentation provided did not indicate the specific reason for this requested medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Promethazine (Phenergran).

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 (for opioid nausea), page 773.

Decision rationale: Promethazine is a phenothiazine used to treat or prevent nausea and vomiting. Other labeled use include nasal congestion, allergic conjunctivitis, allergic rhinitis, and dermatographic urticaria. It has sedative, anti-motion-sickness, anti-emetic, and anti-cholinergic effects. MTUS Chronic Pain Medical Treatment Guidelines is silent on use of phenothiazine for chronic pain. No rationale has been submitted for use of anti-histamine medication in the treatment of the claimant's injury complaints. The Promethazine HCL 25mg #60 is not medically necessary and appropriate.

Oxycontin 20mg #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, Pain Chapter, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document

for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycontin 20mg #60 is not medically necessary and appropriate.