

Case Number:	CM13-0002495		
Date Assigned:	02/07/2014	Date of Injury:	06/02/2006
Decision Date:	05/14/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year-old male with a date of injury of June 02, 2006. The listed diagnosis, per [REDACTED], is lumbar radiculopathy (left). According to report dated June 21, 2013 by [REDACTED], the patient presents with lower backache and left hip pain. Examination revealed decreased range of motion on all planes, positive straight leg raise, and tenderness noted over paracervical, trapezius and paravertebral muscles. Pain level has increased since last visit and his activity level has decreased. The patient states that he is taking his medications, as prescribed, and that they are working well, without any side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF COLACE 100MG, #60, WITH ONE (1) REFILL:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: According to the California MTUS guidelines, prophylactic medication is used for constipation when opiates are used. In this case, Colace has been recommended for possible constipation for patient's chronic opioid use. The medical records indicate that this patient has been taking opiates on a long-term basis, specifically Norco since January 04, 2013. The requested Colace is medically necessary and recommendation is for approval.

ONE (1) PRESCRIPTION OF NORCO 10/325MG, #180, WITH ONE (1) REFILL:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88-89.

Decision rationale: For chronic opiates use the California MTUS guidelines requires functioning documentation, using a numerical scale or a validated instrument, at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications. Review of reports show that this patient has been taking Norco since January 04, 2013. The reports from January 04, 2013 to June 21, 2013 each state: "function and activities of daily living (ADL's) improved optimally on the current doses of medications." However, there are no discussions regarding whether or not Norco has provided any specific functional improvements. There is no discussion regarding significant changes in ADL's, change in work status or return to work due to chronic opiate use. There are no numerical scales to denote functional changes. Given the lack of sufficient documentation warranting long-term opiate use, the recommendation is for non-certification