

Case Number:	CM13-0026671		
Date Assigned:	11/22/2013	Date of Injury:	08/25/2007
Decision Date:	02/18/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty certificate in Disability Evaluation and is licensed to practice in California, Florida, the District of Columbia and Maryland. 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 physician 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 43-year-old male with a date of injury of 8/25/2007. The patient reports that he suffered an injury to the lower back and left knee while at work. First, on June 21, 2005, he tripped and twisted his knee as he was going down a flight of stairs. He underwent unsuccessful knee surgery in 2006 and was on disability for approximately three months before returning to work. His primary treating physician recommended additional surgery. On August 27, 2007, the patient suffered a second injury - this time to his back. He stated that he was lifting a photocopy machine in an office and cracked a vertebra, which affected the nearby disc. In 2008, he underwent surgery, including the placement of hardware, and was unable to return to work. Since the time of the injury, the patient has been under the care of the requesting physician and has been treated with various medications for pain and muscle relaxation. The patient was referred by the primary treating physician for an internal medicine examination and laboratory testing to evaluate the potential side effects of medication toxicities frequently attributable to extended long term use of pain medications. Additionally, the patient was to undergo investigation of arthralgias possibly related to exacerbation of an underlying inflammatory condition, such as rheumatoid arthritis or systemic lupus erythematosus. At issue is the prospective request for 1 prescription of Norco 10/325mg #120 and 1 prescription of Colace 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): s 76-77.

Decision rationale: The patient has been on Opioids since August 16, 2012, with no documentation of functional improvement. The guidelines stipulate that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life, and none of these were documented in this patient. Also, the guidelines stipulate that failure to respond to a time-limited course of opioids leads to suggestion of reassessment and consideration of alternative therapy. Therefore, the continued prescription of Norco 10/325mg #120 is not medically necessary.

1 prescription of Colace 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 77. Decision based on Non-MTUS Citation Medline Plus

Decision rationale: According to Medline Plus, Colace is a stool softener and is used, on a short-term basis, to relieve constipation by people who should avoid straining during bowel movements because of heart conditions, hemorrhoids, and other problems. This medication is sometimes prescribed for other reasons. It is used to soften stools, making them easier to pass. Stool softeners come as a capsule, tablet, liquid, or syrup to take by mouth. A stool softener usually is taken at bedtime. Since the medication was prescribed as a prophylactic treatment of constipation induced by the use of opioids, and since Opioid treatment was determined not to be medically necessary, the request for 1 prescription of Colace 100mg #60 is not medically necessary.