

Case Number:	CM13-0044197		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2008
Decision Date:	04/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/27/2013

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 is licensed to practice in Texas. 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 51-year-old female who reported an injury on 08/19/2008. The mechanism of injury was not stated. The patient is diagnosed with chronic left wrist pain, chronic cervical pain, chronic thoracic myofascial pain, chronic lumbar pain, neuropathic pain of the lumbar spine, chronic depression, and constipation. The patient was seen by [REDACTED] on 09/19/2013. The patient reported persistent neck and lower back pain. Physical examination on that date revealed left wrist tenderness, paracervical tenderness from C2 through C7-T1, parathoracic tenderness from T1 through T12-L1, and paralumbar tenderness from L1 to L5-S1. Treatment recommendations at that time included a refill of Vicodin 5 mg and Colace 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of

non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has utilized Vicodin 5 mg every 6 hours since 11/2012. Despite ongoing use of this medication, the patient continues to report persistent neck, upper, and lower back pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

COLACE 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid-induced constipation treatment is recommended. First-line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient has utilized Colace 100 mg twice per day for constipation since 11/2012. Although the patient does maintain a diagnosis of chronic constipation, there is no documentation of any improvement as a result of the ongoing use of this medication. There is also no evidence of a failure to respond to first-line treatment. Based on the clinical information received, the request is non-certified.