

Case Number:	CM13-0046968		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2004
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/03/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 30, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; short-acting opioid therapy; interventional spine procedures, including radiofrequency ablation blocks and medial branch blocks; and extensive periods of time off of work. In a utilization review report of October 29, 2013, the claims administrator approved a request for radiofrequency rhizotomy facet blocks, partially certified Norco for weaning purposes, approved gabapentin, partially certified docusate-sennosides, and partially certified Senna. Somewhat incongruously, the claims administrator suggested that the applicant wean off of Norco, but continue on Neurontin. The applicant's attorney subsequently appealed. In an applicant questionnaire dated September 9, 2013, the applicant states that earlier facet blocks were effective. In a subsequent questionnaire on December 4, 2013, the applicant acknowledges that he is not working. He reports 6-8/10 pain. In a November 6, 2013, progress note, the applicant is described as four months status post total knee arthroplasty. The applicant reports 5-8/10 low back pain. He is using four to five Norco a day and Pamelor at night. Limited spine range of motion is noted. Norco, Neurontin, and Pamelor are endorsed. In a September 10, 2013, progress note, the applicant is described as having had a favorable outcome following earlier medial branch block therapy. The applicant is doing home exercises. He is using Norco four times daily, Pamelor once nightly, Naprosyn two times daily, Prilosec as needed for GI upset, Senna for opioid-induced constipation, and Neurontin for neuropathic symptoms. The applicant states that medications diminish his pain scores from 8/10 to 4-5/10 and further ameliorate his function. Lumbar radiofrequency ablation procedures are sought.

Norco, Pamelor, and Senna are refilled. The applicant is described as already permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for Norco 10/325mg, #120 with one refill is medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain effected as a result of ongoing opioid therapy. In this case, the attending provider and applicant has seemingly posited that his pain scores have dropped from 8/10 to 4-5/10, reportedly as a result of ongoing Norco usage. The attending provider has also stated that the applicant's ability to perform activities of daily living, including climbing stair cases, perform home exercises, remain functional, walk further and longer, etc., have been ameliorated as a result of ongoing opioid therapy. Thus, on balance, it appears that two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met, although it is acknowledged that applicant has failed to return to work. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

Prescription of Docusate/Sennosides 50/8.6mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating Therapy Page(s): 77.

Decision rationale: The request for docusate-sennosides, a laxative, is likewise medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants who are using opioids; in this case, the applicant is in fact using Norco. Usage of docusate-sennosides to ameliorate opioid-induced constipation is medically necessary, medically appropriate, and indicated here, particularly as Norco has been certified above. Therefore, the request is likewise certified, on independent medical review.

Prescription of Senna 8.6/50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating Therapy Page(s): 77.

Decision rationale: Finally, the request for Senna is likewise medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. In this case, the applicant is using Norco chronically and is described as using Senna to combat opioid-induced constipation. Ongoing usage of Senna is indicated and appropriate, particularly since Norco has been approved, above. Therefore, the derivative request for Senna is likewise certified, on independent medical review.