

Case Number:	CM13-0072560		
Date Assigned:	05/07/2014	Date of Injury:	03/14/2001
Decision Date:	07/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/31/2013

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 and Rehabilitation, 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 an employee of [REDACTED] and has submitted a claim for lumbosacral neuritis, right foot metatarsal dorsiflexion deformity, and right first metatarsal head exostosis associated with an industrial injury date of March 14, 2001. Treatment to date has included NSAIDs, opioids, topical analgesics, antidepressants, anticonvulsants, muscle relaxants, immobilization, home exercise programs, radiofrequency ablation, and surgery (7/30/13). Medical records from 2012 to 2014 were reviewed. Patient complained of persistent lower back and right foot pain graded 7/10 associated with difficulty walking. Physical examination showed well healed incision site with minimal erythema, mild postoperative swelling localized to the dorsal midfoot surgical site, good ROM and limited strength on hindfoot. Utilization review from December 19, 2013 denied the request for Oxycodone 30MG, #240 for failure to document prior response to previous Oxycodone use and the dose prescribed was above the recommended for opioid use. Utilization review from November 21, 2013 denied the request for Colace 100MG, #60 due to denial of the requested Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 60 CAPSULES OF COLACE 100 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation. In this case, the patient has been using opioids as early as November 2012 and Colace since November 2013. Progress notes from November 14, 2013 reported that Colace was helpful. The progress notes reviewed were handwritten and not entirely legible. There were no reports of constipation. The necessity for use of this medication is established because the patient was prescribed with opioids. However, a simultaneous request for oxycodone was not certified, hence, the medical necessity for Colace is not established without opioid use. Therefore, the request for Colace 100MG, #60 is not medically necessary.

PROSPECTIVE REQUEST FOR 240 TABLETS OF OXYCODONE 30 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: Pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. Additionally, guidelines also state that the lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to nonopioid means of pain control. In this case, the patient has been using Oxycodone since November 2012. However, the progress notes reviewed are handwritten, not entirely legible, and contains little to no information that would support a case for continuous use of opioids. Reports pertaining to continued analgesia, functional gains, compliance, and side effects to previous Oxycodone were not documented. In addition, there is no single drug screen included in the medical reports reviewed that would indicate compliance to opioids. Therefore, the request for Oxycodone 30MG, #240 is not medically necessary.