MAXIMUS Federal Services

Case Number:	CM14-0006000		
Date Assigned:	02/07/2014	Date of Injury:	02/21/2002
Decision Date:	07/14/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 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 male with a 2/21/02 date of injury. The mechanism of injury is not noted. In a progress report dated 12/9/13, the patient had a chronic mid-back, low back, and left hip condition that he primarily manages with medication. Subjective findings included stable condition, 9/10 mid and low back pain, low back pain radiated to the lower extremities, daily, severe headaches with occasional vomiting, and depression due to chronic pain. Objective findings included light touch sensation decrease on the right big toe, slow gait due to low back pain, use of cane, moderate to severe paralumbar muscle spasm bilaterally, decreased lumbar spine range of motion, straight leg raise positive bilaterally at 75 degrees with posterior thigh pain and posterolateral calf pain, slightly anxious and depressed mood and affect. Diagnostic impression: bilateral lumbar radiculopathy with lumbar strain, thoracic strain, left hip strain, significant secondary depression and insomnia due to chronic pain, and intermittent gastrointestinal upset due to pain medication. Treatment to date includes medication management, activity modification, TENS unitA UR decision dated 12/21/13 denied the request for Norco because there was no evidence of significant improvement in pain and function and the patient had received 24 tablets on 10/31/13 for purposes of weaning. Additionally, the request for Promolaxin was denied because guidelines do not support prophylactic therapy with a stool softener unless the patient is on an opiate.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #120 QUANTITY: 1.00: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. UR decisions dated back to 2/16/13 continuously supporting the weaning off of Norco for this patient. There is no documentation that the provider has addressed the recommendations for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325 mg #120, quantity is not medically necessary and appropriate.

PROMOLAXIN 100MG QUANTITY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (page 77). Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate).

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. The MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. However, the request for the opiates was not found to be medically necessary on this review, so this associated request for laxatives cannot be substantiated. Therefore, the request for Promolaxin 100 mg, quantity 1 is not medically necessary and appropriate.