

Case Number:	CM14-0009044		
Date Assigned:	02/12/2014	Date of Injury:	09/19/2002
Decision Date:	08/04/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 47-year-old male who has submitted a claim for facet syndrome, lumbosacral radioclopathy, lumbar strain/sprain, lumbar pain, lumbar arthritis, associated with an industrial injury date of August 19, 2002. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 01/20/2014, showed persistent left lower extremity and left knee pain. Back pain has a pain score of 6/10 and radiates to the left lower extremity. The pain was described as sharp and shooting. Physical examination revealed spasms in the lumbar paraspinal muscles and stiffness was noted in the lumbar spine. Antalgic gait was noted on the left. Treatment to date has included epidural injections, aquatic therapy and medications such as Norco since November 2012 and Sennoside/Docusate since October 2013. Utilization review from 01/13/2014 modified the request from the purchase of Norco 10/325mg #90 to Norco 10/325mg #45 because guideline criteria have partially been met. The claimant was noted to have decreased the use of Norco he takes from 6 tablets a day to 2-3 tablets a day and has been able to sleep better at night. However, there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. A weaning a process was indicated. The request for Sennoside/docusate tablet 8.6mg 1 tablet TID #100 was denied because there was no documentation of constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 1 PO EVERY 12-24 HOURS #90: Overturned

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

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

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. In this case, patient has been on Norco since November 2012. The most recent clinical evaluation cited the current medications provided pain relief with no documentation of increase in function. However, the 11/13/13 medical report does state that in addition to providing pain relief, Norco helps with function by enabling the patient to stand and walk twice as long and helps him perform his exercises "easily". Therefore, the request for purchase of Norco 10/325 every 12-24 hours #90 is medically necessary.

SENNOSIDE / DOCUSATE TABLET 8.6MG 1 TABLET TID #100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000100/>.

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

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, patient has been on Norco since 2012. Prophylactic treatment for constipation is guideline recommended; hence, prescription of Sennoside is appropriate. Although a simultaneous request for Norco has been deemed not medically necessary, current medications also include methadone. Therefore, the request for Sennoside/Docusate 8.6mg 1 tablet TID #100 is medically necessary.