

Case Number:	CM14-0121479		
Date Assigned:	08/06/2014	Date of Injury:	08/12/2007
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 64 year old male who was injured on 11/28/2005, 8/12/2007, and 6/17/2009. He was diagnosed with low back pain, low back facet arthropathy, chronic left and right knee pain, and right hip pain. He was treated with physical therapy, opioid medications (with associated stool softeners), topical analgesics, Synvisc knee injections, and surgery (left and right knee replacements). On 2/27/14, the worker reported a pain level of 2/10 on the pain scale with Norco 10/325 mg three times a day. The dose was then decreased to 5/325 mg four times daily (a 30% decrease). Then on 4/24/14, the worker reported his low back pain at an 8/10, his knees at an average of 4/10, and his right hip at a 5/10 on the pain scale after trying to decrease his Norco dosage, and he also reported the inability to carry out activities of daily living like he used to. The worker was seen on 6/19/2014 by his primary treating physician's assistant complaining of low back and bilateral knee pain. He reported taking Voltaren gel, Norco 10/325 mg three times daily, Colace, and Testim (for low testosterone). He reported that his pain was being reduced down to a 2/10 (from a 6/10) on the pain scale with the use of his Norco. Physical examination was not different from the previous examination which found tenderness to lumbar spine with spasm, decreased of motion of lumbar area, and bilateral knee crepitus and edema. He was then recommended to start physical therapy which was already approved, continue Norco and Colace, and continue his Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180 DOS 06/19/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Guidelines state that to justify continued use of opioids, a display of significant functional and pain-relief benefits, without significant side effects must be shown. Also a pain contract must be signed as well as a continued effort to maximize other treatment methods such as physical therapy to minimize the need for opioids. The lowest frequency and dose that is able to help the patient achieve these functional and pain-relief benefits must be sought out. In the case of this worker, the Norco had been benefiting the worker before the dose was decreased by essentially half, which negatively affected his function and pain levels as documented in the notes provided for review. He reported no significant side effects from Norco use, and was becoming involved again with physical therapy. There seems to be enough clear documentation, in the opinion of the current reviewer, to indicate medical necessity to continue Norco at the requested dose.

Colace 100mg, #120 DOS 06/19/2014: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that prophylactic treatment of constipation should be initiated when opioids are initiated. However, the ODG states that the first-line therapy for constipation is physical activity, staying hydrated, and eating a healthy and proper diet that is high in fiber (vegetables, fruits, and legumes, etc.). Second-line therapy may include stool softeners and laxatives, but only starting with as needed use. Colace and similar medications are not meant to be chronically used and are indicated for short-term use or as needed use due to their potential side effects. The worker in this case reported no side effects from the use of Norco, and it is not known (no reports when Colace was initiated) that discuss his constipation due to opioid use. Also, there is no documentation of his following the first-line therapy for constipation and it failing in order to warrant Colace use. Therefore, the Colace is not medically necessary.