

<b>Case Number:</b>	CM14-0125442		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/15/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 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 58-year-old male who has submitted a claim for pain in limb associated with an industrial injury date of May 15, 2002. Medical records from 2003 through 2014 were reviewed, which showed that the patient complained of ongoing knee pain. Right knee x-ray dated 12/20/12 showed tricompartmental degenerative changes. Treatment to date has included right knee arthroscopic surgery (9/2002), Synvisc injections and medications including Norco and Colace. Norco was noted to provide adequate pain relief bringing the patient's pain from 9/10 to 6/10. It was also noted to allow the patient to walk a little further with his front wheeled walker, stand for longer period of time, move about the home and carry out activities of daily living. Utilization review from July 25, 2014 was not medically necessary for the request for Colace 100mg BID (two times a day) #160 x1 refill (2 months supply) dispensed on 6/16/14 and Norco 10-325mg QID (four times a day) #120 x1 refill (2 month supply) dispensed on 6/16/14. The request for Norco was not medically necessary because there were no noted plans to taper this medication dosage over time, and no recent urine drug screen that would provide insight regarding the patient's compliance with the prescribed medication. The request for Colace was not medically necessary because the request for Norco was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg BID (two times a day) #160 x1 refill (2 months supply) dispensed on 6/16/14:**  
Upheld

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

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

**Decision rationale:** According to page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and for prevention of dry, hard stools. In this case, the patient is being given Colace prophylactically due to co-intake of Norco, an opioid medication known to have constipation as side effect. However, the request for Norco was not medically necessary. Hence, the request for Colace 100mg BID (two times a day) #160 x1 refill (2 months supply) dispensed on 6/16/14 is not medically necessary.

**Norco 10-325mg QID (four times a day) #120 x1 refill (2 month supply) dispensed on 6/16/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management 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, the patient had been taking Norco for pain since at least February 2014. The records indicate that the patient benefits from this medication in terms of pain reduction and improvement in functionality. However, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Moreover, there is no documentation of the presence or absence of opioid side effects. Finally, there is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10-325mg QID (four times a day) #120 x1 refill (2 month supply) dispensed on 6/16/14 is not medically necessary.