MAXIMUS Federal Services

Case Number:	CM14-0168051		
Date Assigned:	10/15/2014	Date of Injury:	12/09/2006
Decision Date:	11/25/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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 Preventive 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:

According to the records made available for review, this is a 65-year-old male with a 12/9/06 date of injury, and lumbar revision surgery on 1/25/12. At the time (9/3/14) of request for authorization for Retrospective request for Colace 100mg TID #200 on 9/3/14 and retrospective request for Norco 10/325mg TID #180 on 9/3/14, there is documentation of subjective (low back and right knee pain) and objective (positive bilateral straight leg raising test, right knee crepitus, knee edema, and short shuffling wide-based gait) findings, current diagnoses (chronic low back pain), and treatment to date (medications, including ongoing treatment with Colace and Norco since at least 5/13/14). Medical report identifies that medications enable the patient to carry out activities of daily living such as cooking, cleaning, laundering, and light household chores; that there is a signed pain agreement; and that the patient has constipation due to medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Colace 100mg TID #200 on 9/3/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation

Decision rationale: Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Within the medical information available for review, there is documentation of a diagnosis of chronic low back pain. In addition, there is documentation of a diagnosis/condition for which Colace is indicated (chronic opioid use). Furthermore, there is documentation of constipation. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Colace 100mg TID #200 on 9/3/14 is medically necessary.

Retrospective request for Norco 10/325mg TID #180 on 9/3/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of chronic low back pain. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation that there is a signed pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Norco enables the patient to carry out activities of daily living such as cooking, cleaning, laundering, and light household chores, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Norco 10/325mg TID #180 on 9/3/14 is medically necessary.