

Case Number:	CM14-0175757		
Date Assigned:	10/28/2014	Date of Injury:	10/30/1989
Decision Date:	12/05/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 75-year-old male who reported an injury on 10/30/1989. The documentation of 10/14/2014 revealed the injured worker utilizing Norco 10/325 four times a day and Colace 100 mg at bedtime. The injured worker was noted to have failed a taper of Norco in 2013, and the documentation indicated the injured worker did not feel his medications were covering his pain adequately at that time, and his function of daily activities of living had declined. The documentation indicated the injured worker experienced constipation with Norco, which was alleviated by Colace. The injured worker denied side effects including nausea, dizziness, or sedation with medications. Additionally, the injured worker was utilizing Trazodone 50 mg and Prilosec as well as blood pressure medications from the [REDACTED] clinic. The injured worker noted 40% reduction of pain with use of medications. The injured worker's pain was 7/10 without medications and decreased to 4/10 with medications. The injured worker's tolerance for standing or walking was limited to 20 minutes with the use of the medications; without medications, the tolerance was 10 minutes. The injured worker had a signed pain contract, and had not exhibited aberrant drug behavior regarding medications. The injured worker underwent a urine drug screen on 03/04/2014, which was consistent with the medication regimen. The objective examination revealed the injured worker had tenderness to palpation throughout the lumbar spine and the right paraspinal region, with extension of tenderness into the right buttock and the area overlying the right SI joint. The straight leg raise was negative bilaterally. The diagnoses included lumbar degenerative disc disease and chronic low back pain. The treatment plan included a written prescription of Norco and follow-up in 2 months. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management Page(s): 60 and 78.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. The duration of use was since at least 2013. The request as submitted was for a 1 month supply with 1 refill, which would not be supported without re-evaluation. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Norco 10/325 mg #120 with 1 refill is not medically necessary.

1 prescription of Colace 100mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines recommend that injured workers receive prophylactic treatment of constipation upon initiation of opioid therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 2013. There was documented efficacy. However, the request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for 1 prescription of Colace 100 mg #30 with 3 refills is not medically necessary.