

Case Number:	CM14-0176580		
Date Assigned:	10/30/2014	Date of Injury:	09/09/2009
Decision Date:	12/05/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/25/2014

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 & 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:

This 49 year-old patient sustained an injury on 9/9/09 from falling off a ladder while working on a window outside a structure during employment with [REDACTED]. Request(s) under consideration include Colace 100mg, twice a day, #60 and Percocet 10/325mg #120. Diagnoses include left shoulder chronic pain s/p surgery on 6/13/11; chronic left lower extremity pain, complex fracture of left femur s/p two surgeries last in October 2009; left groin pain with MR arthrogram showing labral tear; left-sided neck pain; and s/p Synvisc left knee injection on 1/30/13. Reports of 5/22/14 and 9/11/14 from the provider noted the patient with chronic persistent left shoulder, left knee, left lower extremity, and low back pain rated at 3-5/10; Colace helps stop constipation; Percocet helps with pain and Trazodone and Wellbutrin help with sleep. Medications list Percocet, Trazodone, Colace, Lexapro, and Wellbutrin. Brief exam noted increased range of motion to left knee (no degrees or planes identified) with decreased tenderness; continues with crepitus; no other exam findings documented. Treatment included medications refills, consideration of repeating Synvisc, x-rays repeated. The request(s) for Colace 100mg, twice a day, #60 and Percocet 10/325mg #120 were modified for #15 for weaning on 10/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, twice a day, #60: 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 Opioid-Initiating Therapy and Long-term users of Opioids Page(s): 77 and 88.

Decision rationale: This 49 year-old patient sustained an injury on 9/9/09 from falling off a ladder while working on a window outside a structure during employment with [REDACTED]. Request(s) under consideration include Colace 100mg, twice a day, #60 and Percocet 10/325mg #120. Diagnoses include left shoulder chronic pain s/p surgery on 6/13/11; chronic left lower extremity pain, complex fracture of left femur s/p two surgeries last in October 2009; left groin pain with MR arthrogram showing labral tear; left-sided neck pain; and s/p synvisc left knee injection on 1/30/13. Reports of 5/22/14 and 9/11/14 from the provider noted the patient with chronic persistent left shoulder, left knee, left lower extremity, and low back pain rated at 3-5/10; Colace helps stop constipation; Percocet helps with pain and Trazodone and Wellbutrin help with sleep. Medications list Percocet, Trazodone, Colace, Lexapro, and Wellbutrin. Brief exam noted increased range of motion to left knee (no degrees or planes identified) with decreased tenderness; continues with crepitus; no other exam findings documented. Treatment included medications refills, consideration of repeating Synvisc, x-rays repeated. The request(s) for Colace 100mg, twice a day, #60 and Percocet 10/325mg #120 were modified for #15 for weaning on 10/1/14. Colace is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic 2009 injury; however, reports have no notation regarding any clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication. The Colace 100mg, twice a day, #60 is not medically necessary and appropriate.

Percocet 10/325mg #120: 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 Opioids, On-Going Management- Actions Should Include: (a) Prescriptions from a single practitio.

Decision rationale: This 49 year-old patient sustained an injury on 9/9/09 from falling off a ladder while working on a window outside a structure during employment with [REDACTED]. Request(s) under consideration include Colace 100mg, twice a day, #60 and Percocet 10/325mg #120. Diagnoses include left shoulder chronic pain s/p surgery on 6/13/11; chronic left lower extremity pain, complex fracture of left femur s/p two surgeries last in October 2009; left groin pain with MR arthrogram showing labral tear; left-sided neck pain; and s/p synvisc left knee injection on 1/30/13. Reports of 5/22/14 and 9/11/14 from the provider noted the patient with chronic persistent left shoulder, left knee, left lower extremity, and low back pain rated at 3-5/10; Colace helps stop constipation; Percocet helps with pain and Trazodone and Wellbutrin

help with sleep. Medications list Percocet, Trazodone, Colace, Lexapro, and Wellbutrin. Brief exam noted increased range of motion to left knee (no degrees or planes identified) with decreased tenderness; continues with crepitus; no other exam findings documented. Treatment included medications refills, consideration of repeating Synvisc, x-rays repeated. The request(s) for Colace 100mg, twice a day, #60 and Percocet 10/325mg #120 were modified for #15 for weaning on 10/1/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2009 injury without acute flare, new injury, or progressive deterioration. The Percocet 10/325mg #120 is not medically necessary and appropriate.