

Case Number:	CM14-0184075		
Date Assigned:	11/10/2014	Date of Injury:	10/29/1990
Decision Date:	12/18/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 61 year old female who was injured on 10/29/1990. The diagnoses are lumbar radiculopathy, failed back syndrome and neuropathic pain. There are associated diagnoses of insomnia, anxiety, depression and constipation. There is a spinal cord stimulator in place for pain relief. On 10/31/2014, [REDACTED] noted subjective complaint of pain score of 4/10 on a scale of 0 to 10. The patient had a 25 years history of chronic back pain. There was complaint of burning, stabbing low back pain radiating to the lower extremities. There are objective findings of paraspinal muscle tenderness and dysesthesia of the lower extremities. The medications are Morphine sulfate, Norco, meloxicam and gabapentin for pain. The patient is utilizing carisoprodol and Skelaxin for muscle spasm, Linzess and Docusate for constipation. The patient is utilizing Wellbutrin and fluoxetine for anxiety depression. The patient is also utilizing Lidoderm and Flector patches for pain. A Utilization Review determination was rendered on 10/27/2014 recommending non certification for Norco 10/325mg #120 and Docusate sodium 250mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that is non responsive to standard NSAIDs and PT. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation, and adverse interaction with other sedatives medications. The records indicate that the patient had utilized high dose opioids with multiple sedative muscle relaxants and psychiatry medications increasing the risk for drug interactions. The patient is reporting significant constipation, an adverse effect of opioids that is being treated with multiple medications. The guidelines require the documentation of UDS, Pain Contract, compliance monitoring measures, absence of aberrant behavior and functional restoration during chronic opioid treatment. The available records did not show the required documentations. The criterion for the use of Norco 10/325 # 120 is not medically necessary.

Docusate Sodium 250mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain-Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that bowel prophylaxis medications can be utilized during chronic opioid treatment to prevent or treat constipation. The records indicate that the patient was utilizing high dose opioids and multiple stool softeners and laxatives. On 11/5/2014, ██████ noted that Linzess was being utilized to prevent and treat constipation but docusate being utilized to maintain a regular bowel schedule. With the current reduction in opioid dosage, the severity of opioid induced constipation will be diminished as well as the need for multiple laxatives. The criterion for Docusate sodium 250mg bid #60 is not medically necessary.