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| Case Number: | CM14-0039591 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 09/25/2013 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 03/15/2014 |
| Priority: | Standard | Application Received: | 04/04/2014 |

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 Management and is licensed to practice in Tennessee. 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 54-year-old male who has submitted a claim for cervical spine sprain/strain, thoracic spine strain/sprain, and lumbar spine sprain/strain associated with an industrial injury date of September 25, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic neck pain and back pain accompanied by numbness and tingling into the bilateral feet. Physical examination revealed tenderness over the lower lumbar spinal muscles and spasm in the bilateral paravertebral musculature and quadratus lumborum muscles. Straight leg raise test was positive bilaterally. Lumbar spine range of motion as follows: flexion to 38 degrees, extension to 12 degrees, and side bending to 5 degrees bilaterally. Sensation was decreased in the bilateral lower extremities along the L5-S1 nerve root distribution. Tenderness over the upper trapezius and lower posterior paravertebral musculature with slight pain and muscle spasm was noted. Cervical spine range of motion as follows: flexion to 40 degrees, extension to 42 degrees, right rotation to 65 degrees, left rotation to 63 degrees, lateral flexion to 35 degrees bilaterally. There was tenderness over the mid thoracic spinal muscles. Treatment to date has included physical therapy, chiropractic treatment, and medications, which include Norco 7.5/325mg, Naprosyn, and Neurontin 300mg. Utilization review from March 15, 2014 modified the request for 1 prescription of Norco 7.5/325mg #60 to 1 prescription of Norco 7.5/325mg #48 because the patient was treated with Norco without significant objective findings of pain and functional improvement. The guidelines do not recommend long-term or continued use of opioids without documented evidence of objective pain and functional improvement. Modification was done for weaning. The request for Colace 100mg was denied because the patient had complaints of loss of bowel control with diarrhea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going 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. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since November 2013. While previously on Norco 10/325mg, the patient was started on Norco 7.5/325mg on 1/14/14. Medical records clearly mentioned continued analgesia and functional benefit from Norco use. Records also included toxicology screening, and monitoring of adverse effects and aberrant behavior from its use. It also stated that the medication has enabled the patient to tolerate activities of daily living. The medical necessity has been established. Therefore, the request for Norco 7.5/325mg, #60 is medically necessary.

Colace 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate); Peer-reviewed literature ('Management of Opioid-Induced Gastrointestinal Effects: Treatment').

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation. In this case, the patient has been on opioids since November 2013. Guidelines recommend prophylactic treatment of constipation with opioid therapy however the patient has a history of diarrhea and loss of bowel control. The request also failed to indicate the amount to be dispensed. Guideline criteria were not met. Therefore, the request for Colace 100mg is not medically necessary.