

Case Number:	CM14-0040437		
Date Assigned:	06/27/2014	Date of Injury:	01/29/2007
Decision Date:	07/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 43-year-old male with a 1/29/07 date of injury. At the time of request for authorization for Norco and Promolaxin, there is documentation of subjective complaints of 8/10 constant pain across the lower back and middle neck with radiating to bilateral legs. Objective findings include tenderness to palpation of cervical and lumbar paraspinals, decreased active and passive range of motion, Spurling's positive bilaterally, and facet loading positive bilaterally. Current diagnoses include cervical disc degeneration, cervical spondylosis without myelopathy, lumbar spondylosis without myelopathy, lumbar disc degeneration, and history of rectal bleeding/constipation, and treatment to date has included medications, including Promolaxin and Norco with improvement in function and quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-8.

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

Decision rationale: The 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 diagnoses of cervical disc degeneration, cervical spondylosis without myelopathy, lumbar spondylosis without myelopathy, lumbar disc degeneration, and history of rectal bleeding/constipation. In addition, there is documentation 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 as a result of Norco use to date. However, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for Norco is not medically necessary.

Promolaxin 100 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medscape.com/viewarticle/427442_6<http://www.drugs.com/ppa/docusate.html>.

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

Decision rationale: The 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. The Official Disability Guidelines state that opioid-induced constipation is a common adverse effect of long-term opioid use. The MTUS identifies documentation of a diagnosis/condition for which Promolaxin is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Promolaxin. Within the medical information available for review, there is documentation of diagnoses of cervical disc degeneration, cervical spondylosis without myelopathy, lumbar spondylosis without myelopathy, lumbar disc degeneration, and history of rectal bleeding/constipation. In addition, there is documentation of a diagnosis/condition for which Promolaxin is indicated (chronic opioid use). Therefore, based on guidelines and a review of the evidence, the request for Promolaxin is medically necessary.