

Case Number:	CM14-0040922		
Date Assigned:	06/30/2014	Date of Injury:	11/10/2011
Decision Date:	08/20/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 Orthopedic Surgery 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 49-year-old male who was reportedly injured on 11/10/2011. The mechanism of injury was noted as a lifting/carrying injury. The most recent progress note, dated 3/17/2014 indicated that there were ongoing complaints of low back pain, with pain radiating down bilateral lower extremities. The physical examination demonstrated the injured employee with an antalgic gait, with a cane. Lumbar spine range of motion was limited with pain. There was positive tenderness to palpation of the paravertebral muscles, with tight muscle bands noted bilaterally. Positive facet loading of the lumbar area bilaterally. Positive straight leg raise on the right. Muscle strength upper extremity muscle strength 5/5, except on extensor hallucis longus on the right. Neurological examination had decreased sensation light touch over L5 and S1 distribution on the right side and lateral foot on both sides. No recent diagnostic studies were available for review. Previous treatment included physical therapy, epidural steroid injection, medications, and conservative treatment. A request was made for Colace 100 mg #60, Norco 5/325 mg #60, and was not certified in the pre-authorization process on 3/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 77 of 127.

Decision rationale: Colace (Ducosate) is a stool softener, useful for the treatment of constipation. There was no clinical indication for this medication for this claimant. There was documentation of narcotic usage; however, there was no documentation of constipation side effects. Colace is available as a generic formulation, and it is also available as an over-the-counter product without a prescription. This medication is deemed not medically necessary.

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic low back pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.