

Case Number:	CM14-0050141		
Date Assigned:	07/07/2014	Date of Injury:	08/10/2012
Decision Date:	08/22/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker was the seat belted passenger of a vehicle that was T-boned by a front loader on the driver side on August 10, 2012. He hit his shoulder against the door and hit his neck and lower back. He went to the emergency room the same day and had x-rays that were negative. He had follow-up at an industrial clinic and initial diagnoses included sprain and strain of the right shoulder, sprain and strain of lumbar spine and sprain and strain of the cervical spine. He later had an MRI of the right shoulder which demonstrated a partial rotator cuff tear. He had an MRI of the cervical spine which was negative. He was later diagnosed with impingement syndrome and frozen shoulder. He has been treated with Flexeril, Norco and docusate. He was followed by pain management for management of these medications since at least September 2013. His urine drug screen on January 28, 2014 was negative except for opioids. His visits every 2 months have included documentation of decreased pain in response to opioids and functional assessment. At his visit on January 28, 2014 he reported that the Norco reduced his pain by 80% and allowed him to function better throughout the day and get better sleep at night than without the medication. At his visit on March 11, 2014 he continued to complain of neck, shoulder and low back pain. He reported 8/10 and constant pain. His medications were reported to be 60-80% helpful and effective. His sitting, standing and walking tolerance were reported to be 15-20 min. He reported requiring assistance with bathing, cleaning, cooking and grooming.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 10mg. twice a day QTY:180: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate: Overview of the Treatment of Chronic Pain.

Decision rationale: Neither MTUS nor ODG discuss docusate or other laxatives. Up to Date in the overview of the treatment of chronic pain states a bowel regimen aimed at preventing constipation should be initiated in patients treated with opioids, particularly for those who are prone to this condition. Docusate 100 mg orally twice daily is given as an example. Since Norco is medically necessary, docusate also is medically necessary.

Norco 10/325mg every six (6) hours as needed QTY:150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Pain Treatment Agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The medical documentation in this case is supportive of the use of opioids. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work but there was documentation of improvement in function. The documentation did also include documentation of intent to ultimately return to work and a functional capacity evaluation was planned. The criteria for ongoing pain management with opioid medication were met. It appeared he was receiving the prescription from one practitioner. It is apparent that the lowest possible dose to improve pain and function was being prescribed based on report of reduction in pain and improvement in function but not complete resolution of pain or restoration of function. There was ongoing assessment of analgesia in which benefit was reported, monitoring for side effects which in his case included constipation treated with docusate, assessment of physical and psychosocial functioning, and monitoring for aberrant drug taking behavior for which no evidence was found. There was continued review of the overall situation in regards to non-opioid means of pain control including use of Flexeril. The worker was being followed by a pain specialist. Criteria to discontinue opioids include no overall improvement in function or decrease in function, intolerable side effects, resolution of pain, non-adherence, patient request to discontinue, illegal activity, inconsistent findings, or repeated violations of the pain contract. The documentation does not support criteria to discontinue. The frequency of monitoring which was every 8 weeks was appropriate. The worker was being supplied with a 2 month prescription at the visits which was appropriate. The visit note of March 11, 2014 was reported not available for review at the time of the utilization review but was available for this independent medical review.

