

<b>Case Number:</b>	CM14-0053824		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Occupational and is licensed to practice in Illinois. 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 case involves a 31 year-old male who was injured on 01/11/2013 when he slipped in some mud while carrying plywood and felt immediate pain from his neck to his buttocks. He has a diagnosis of lumbar intervertebral disc syndrome with bilateral lower extremity radiculopathy and has been treated with non-steroidal anti-inflammatory drugs (NSAIDs), narcotics, muscle relaxants, chiropractic treatment, aquatic therapy and physical therapy. He had a failed back surgery with bowel and bladder incontinence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2 tabs three times a day for short active breakthrough pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioides Page(s): 82-83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids for chronic pain Page(s): 91-92; 80-81.

**Decision rationale:** Norco is hydrocodone with acetaminophen, and is indicated for moderate to moderately severe pain. This worker has chronic musculoskeletal pain. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-

inflammatory drugs (NSAIDs) (as suggested by the World Health Organization [WHO] step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Therefore, Norco is not considered medically necessary.

**Docusate Stool Softener 250 mg twice a day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

**Decision rationale:** Docusate Stool Softener is a medication that makes bowel movements softer and easier to pass. Per the Medical Treatment Utilization Schedule (MTUS), prophylactic treatment of constipation should be initiated. Per the Official Disability Guidelines (ODG), stool softeners are recommended if prescribing opioids has been determined to be appropriate. Then the Official Disability Guidelines (ODG) recommends, under initiating therapy, that prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal gastrointestinal (GI) motility. Constipation occurs commonly in injured workers receiving opioids and can be severe enough to cause discontinuation of therapy. However, the use of Norco was found to be not medically necessary. Therefore, since the injured worker is not taking opiates, this request is not medically necessary.