

Case Number:	CM14-0061848		
Date Assigned:	07/11/2014	Date of Injury:	06/12/2009
Decision Date:	09/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/02/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 59 year-old with a date of injury of 06/12/09. A progress report associated with the request for services, dated 03/13/14, identified subjective complaints of triggering of right 4th finger as well as pain. Objective findings included tenderness to palpation of the hand. Finkelstein's test was positive. Diagnoses included onset of right ring trigger finger. Treatment had included release of De Quervain's on 12/12/13 and carpal tunnel release in 2004. A Utilization Review determination was rendered on 04/04/14 recommending non-certification of "acetaminophen with Codeine/Tylenol #3 300/30 mg #60 and Colace #100 100mg". Colace was stated for use in constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACETAMINOPHEN WITH CODEINE/TYLENOL #3 300/30MG #60: 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): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing

review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. MTUS Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." In this case, there is no documentation of the elements of the pain assessment referenced above. Since the evidence is unclear for the value of opioids, the request for Acetaminophen with Codeine/Tylenol #3 300/30mg #60 is not medically necessary and appropriate.

COLACE #100 100MG: Overturned

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 Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-Induced Constipation Treatment.

Decision rationale: Colace (Docusate) is a stool softener-type laxative. The California MTUS and the Official Disability Guidelines (ODG) recommend prophylactic treatment of constipation with the initiation of opioids. Based on the medical records provided for review the long-term use of opioids is indicated in this patient, therefore, the request for Colace #100 100 mg is medically necessary and appropriate.