

<b>Case Number:</b>	CM14-0062395		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/28/2003
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53-year-old female with a date of injury of 01/28/2003. According to progress report 03/27/2014, the patient presents with constant burning pain with intermittent shooting/stabbing pain in the right groin, hip, and buttock. The patient rates her pain 8.5/10 with medications and 10/10 without medications. The patient's medication regimen includes Norco, Soma, trazodone, amitriptyline, lorazepam, and citalopram. The patient states that, "She does not feel as if medications work well anymore." Examination revealed positive diffuse tenderness in the right buttock and groin region. Examination of the hip revealed decreased and painful ROM on the right. There is positive groin tenderness on the right, negative on the left. Motor strength is 5/5 in the bilateral upper and lower limbs and all major muscle groups. The listed diagnoses are: 1. Pain in joint involving pelvic region and thigh; 2. Chronic pain syndrome; 3. Low back pain. This is a request for refill of docusate sodium and Norco 10/325 mg. Utilization review denied the request on 04/21/2014. Treatment reports from 11/07/2013 through 03/27/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 capsules of docusate sodium 100 mg between 4/8/2014 and 5/23/2014:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition; Chapter: Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, discusses prophylactic medication Page(s): 76 to 78.

**Decision rationale:** This patient presents with low back and right hip and groin pain. The current request is for #60 capsules docusate sodium 100 mg between 04/08/2014 and 05/23/2014. The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. In this case, the patient has been taking opiates on long-term basis, especially Norco. Docusate sodium is medically necessary and recommendation is for approval.

**180 tablets of Norco 10/325 mg between 4/8/2014 and 5/23/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88 and 89, 78.

**Decision rationale:** This patient presents with low back pain and right hip and groin pain. The current request is for #180 tablets Norco 10/325 mg between 04/08/2014 and 05/23/2014. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since 10/07/2013. Progress report 01/30/2014 states the patient is able to do simple chores around the house and minimal activities outside of the home with current medications. Without medication, the patient is in bed all day and feels hopeless and helpless about life. A side effect of medication is constipation, which is well-addressed with docusate. In this case, Urine drug screens from 2014 and 2013 indicate that the patient is utilizing marijuana, and negative for hydrocodone which is a prescribed medication. MTUS requires that adverse behaviors be addressed as part of the opiate management. Given the multiple inconsistent urine drug screens, which have not been addressed by the treating physician, recommendation for further use cannot be supported. Recommendation is that the request is not medically necessary at this time per MTUS.