

Case Number:	CM14-0069515		
Date Assigned:	07/14/2014	Date of Injury:	12/30/2010
Decision Date:	09/10/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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, 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:

This patient sustained an injury on 12/30/10 while employed by [REDACTED]. Request(s) under consideration include Norco 7.5-325mg #60, Docusate Sodium 100mg #60, Topical Flurb/ Ment/ Camp/ Caps 30mg #1. Report of 3/24/14 from the provider noted the patient with chronic ongoing neck and low back pain with movements; pain radiates to upper and lower extremities. The patient reported subjective improvement with medications and topicals and is pending LESI. Exam showed cervical range of flex/ext of 20 degrees; tenderness over paravertebral muscles with spasm; lumbar range restricted with tenderness to palpation of spine and over bilateral wrists; normal upper and lower extremity motor strength/ DTRs/ and sensory. Treatment included right wrist injection, LESIs, and medications. Request(s) for Norco 7.5-325mg #60, Docusate Sodium 100mg #60, Topical Flurb/ Ment/ Camp/ Caps 30mg #1 was non-certified on 4/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5-325mg #60: 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 Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Therefore Norco 7.5-325mg #60 is not medically necessary and appropriate.

Docusate Sodium 100mg #60: 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 Opioid-Initiating Therapy and Long-term users of Opioids Page(s): 77, 88.

Decision rationale: This patient sustained an injury on 12/30/10 while employed by [REDACTED]. Request(s) under consideration include Norco 7.5-325mg #60, Docusate Sodium 100mg #60, Topical Flurb/ Ment/ Camp/ Caps 30mg #1. Report of 3/24/14 from the provider noted the patient with chronic ongoing neck and low back pain with movements; pain radiates to upper and lower extremities. The patient reported subjective improvement with medications and topicals and is pending LESI. Exam showed cervical range of flex/ext of 20 degrees; tenderness over paravertebral muscles with spasm; lumbar range restricted with tenderness to palpation of spine and over bilateral wrists; normal upper and lower extremity motor strength/ DTRs/ and sensory. Treatment included right wrist injection, LESIs, and medications. Request(s) for Norco 7.5-325mg #60, Docusate Sodium 100mg #60, Topical Flurb/ Ment/ Camp/ Caps 30mg #1 was non-certified on 4/17/14. Docusate Sodium/ Sennoside is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, although it was noted the patient has symptoms of constipation, there was no clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of

necessity for this medication with opiates not indicated for this 2010 injury. The Docusate Sodium 100mg #60 is not medically necessary and appropriate.

Topical Flurb/Ment/Camp/Caps 30mg #1: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2010 without documented functional improvement from treatment already rendered. The Topical Flurb/Ment/Camp/Caps 30mg #1 is not medically necessary and appropriate.