

<b>Case Number:</b>	CM14-0071495		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 is a 45-year-old male patient who sustained a work related injury on 04/22/2002 as a result of a motor vehicle accident, suffering neck, back, shoulder, and arm and leg pain. Since then the patient has undergone a posterior approach cervical fusion and has developed chronic neck pain and C4-5 instability above the C5-6 fusion that underwent revision in early 2010. Initially this did well to address his neck and referred upper extremity pain. However, as time went on, he began to experience neck pain that became chronic. He also developed chronic lower back pain. According to his most recent Outpatient Follow-up the patient has pain and discomfort. He apparently suffered kidney stones. On exam, the patient has tenderness to palpation of the cervical spine, pain upon performing flexion and rotation and that his cervical range of motion is limited due to pain and discomfort. His current treatment regimen includes Norco 10/325 and Colace, a regimen that has not changed since 2011. In dispute is a decision for 1 prescription of Norco 10/325mg #180 and Colace 100mg #60, 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen (Norco).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 88, 91.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, Opioid Classifications: Short-acting/Long-acting opioids: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of Hydrocodone (>5mg/tab) and Acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long- term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with Acetaminophen is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. According to the patient's own admittance, his pain is not improving and has not had an improvement in functionality. In addition, he has been on Norco since 2011. I agree with the Utilization Review of weaning from the medication. Authorization for the medication as requested is denied and the patient should undergo a weaning period to eliminate use. Therefore this request is medically not necessary.

**1 prescription Colace 100mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy.

**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: [http://www.medscape.com/viewarticle/427442\\_5;Pharmacotherapy. 2002;22\(2\).](http://www.medscape.com/viewarticle/427442_5;Pharmacotherapy.2002;22(2).)

**Decision rationale:** Colace (Docusate) 100mg is a stool softener that helps resorb water into the intestinal lumen; this medication is commonly used in conjunction with opioid to counteract the constipation side effects. Since the request for Norco is found not medically necessary, continued use of Colace is also not medically necessary.