

Case Number:	CM14-0076833		
Date Assigned:	07/18/2014	Date of Injury:	05/14/2007
Decision Date:	09/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 is a case of a 59-year-old female with date of injury of 05/14/2007. The details of the injury were not made available in the records that were reviewed. However, it appears that the patient suffered a low back injury. On exam date 4/23/2014 by [REDACTED], the primary treating physician, it was documented that the patient still complains of persistent pain in her low back, bilateral knees and left ankle. Her pain is described as aching with numbness. She rates the pain between 6-8/10. She is taking Hydrocodone, Flexeril, and Tramadol. She is not working and not attending therapy, and wants a refill of her medications. On physical examination, the patient has a normal gait, spinal inspection reflects no kyphosis, toe and heel walk is normal. The patient uses no assistive devices. There is tenderness in the paraspinous musculature of the thoracic and lumbar regions. Muscle spasm is positive in the lumbar region on the left. There is some decreased range of motion of the lumbar spine noted with flexion, extension, as well as right and left rotation. Spasm on lumbar range of motion is present. Sensory testing with a pinwheel is normal. Motor examination by manual muscle test is normal. Deep tendon reflexes at the knee and ankle bilaterally are equal and symmetric. No sacroiliac tenderness is noted on compression. Sciatic nerve compression is negative. Straight leg raise test is negative bilaterally while seated and supine. Heightened pain response is not present. She has the diagnosis of L4-L5 and L5-S1 stenosis, depressive disorder, and gastrointestinal complaints. On this visit, she was prescribed Neurontin for neuropathic pain, Motrin for anti-inflammatory effect, Colace for constipation, and Norco for breakthrough pain. It was reported that the Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patients moderate to severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg. #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-79.

Decision rationale: Based on MTUS guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as Acetaminophen and Aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. 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 the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. On November 12, 2013, the request for Norco was authorized to allow the provider an opportunity to taper off of the medication, or adequately document functional benefit if continued use was recommended. Neither was noted in the documents. Also, there was no quantification of the pain, such as least reported over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it lasts, and how long it takes to take effect. Therefore, based on the evidence in this case and review of the MTUS guidelines, the request for Norco 10/325 mg #90 is not medically necessary.

Colace 50 mg. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: Based on MTUS guidelines, when initiating therapy with an opioid, it is recommended to use prophylactic treatment of constipation as well since this is a very common side effect. However, in this case, there are no reports of constipation, and the request for Norco

was found as not medically necessary. Therefore, based on MTUS guidelines and the evidence in this case, the request for Colace 50 mg #60 is not medically necessary.