

Case Number:	CM14-0078740		
Date Assigned:	07/18/2014	Date of Injury:	01/13/2002
Decision Date:	08/28/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 case involves a female who was injured on 01/13/2002 and is status post C5-6 discectomy and fusion in 2002. The request for authorization dated 05/08/2014 is for Norco 10/325 mg and Colace 100 mg. The subjective findings are neck pain with some raiding pain down right arm and low back pain with radiating pain to the lateral thighs. The objective findings include limited range of motion of the cervical spine, and tenderness to palpation in the parapsinal muscles of the cervical spine. The current diagnoses are chronic low back and right lower extremity pain, chronic neck and shoulder pain, and chronic neck pain with history of neck surgery in 2002. The treatment to date is home exercise program and medications including ongoing use of Norco. The 05/30/2014 medical report identifies that the pain goes from 7-8/10 to 4-5/10 with medications and she is able to exercises on a regular basis maintaining activities of daily living with the use of the medications. It was reported that she has not had any side effects from the use of Norco and has signed a contract. There is no history of incidents where the injured worker has run out of her medications earlier than expected, no loss of medication, no early refills, and no other physicians prescribing the medications. In addition, the 05/30/2014 medical report identifies that the injured worker is on the lowest dose. Lastly the injured worker requires the use of Colace to manage constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: 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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic low back and right lower extremity pain, chronic neck and shoulder pain, and chronic neck pain with history of neck surgery 2002. There is documentation that the injured worker's pain goes from 7-8/10 to 4-5/10 with medications, and she is able to exercise on a regular basis maintaining activities of daily living with the medications. There is documentation of functional benefit or improvement as a result of Norco use to date. Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg is medically necessary.

Colace 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; INITIATING THERAPY Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation and <http://www.drugs.com/ppa/docusate.html>.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace.

Within the medical information available for review, there is documentation of diagnoses of chronic low back and right lower extremity pain, chronic neck and shoulder pain, and chronic neck pain with history of neck surgery 2002. In addition, there is documentation of constipation and chronic opioid use. Therefore, based on guidelines and a review of the evidence, the request for Colace 100 mg is medically necessary.