

Case Number:	CM14-0079438		
Date Assigned:	07/18/2014	Date of Injury:	10/16/2008
Decision Date:	09/23/2014	UR Denial Date:	04/29/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 62 year old male was reportedly injured on 10/16/2008. The mechanism of injury is noted as a trip. Most recent progress note, dated 5/23/2014, indicates that there are ongoing complaints of right shoulder pain, bilateral elbow and wrist pain, and right knee pain. The physical examination demonstrated alert, oriented, no abnormalities detected (NAD), seated in exam chair, able to stand, walk, step up to sit on exam table with no notable discomfort, normal gait. Diagnostic imaging studies mentioned a MRI of the right knee which reveals a media meniscal tear. Diagnostic study is not available for review. Previous treatment includes physical therapy quantity thirty six visits, medications, and conservative treatment. A request was made for Norco 7.5/325 milligrams quantity fifty, Colace 100 milligrams quantity ten and was not medically necessary in the preauthorization process on 4/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg 1-2 p.o. every 4-6 hours prn pain #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Colace 100mg one cap po bid #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/10/14) Opioids, criteria for use Initiating therapy prophylactic treatment of constipation should be initiated.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 77 OF 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of a stool softener (i.e. Colace) for prophylactic treatment of constipation when starting opiate therapy. As the Norco is not considered medically necessary as above; the stool softener is not required. Furthermore, Colace is available as a generic over the counter product without a prescription. This request is not considered medically necessary.