

Case Number:	CM14-0085251		
Date Assigned:	07/23/2014	Date of Injury:	11/14/2011
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/07/2014

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:

The injured worker is a 45-year-old male with a reported date of injury on 11/14/2011. The mechanism of injury was a fall from a truck approximately 10 feet and landing on his buttocks on a concrete surface. He noted an immediate onset of neck pain with headaches and upper, mid, and lower back pain. The diagnoses included cervical disc disease, cervical radiculopathy, status post lumbar laminectomy, lumbar disc disease, and lumbar radiculopathy. The injured worker has had previous treatments including injections, physical therapy, electrical stimulation, TENS unit, walker, bracing, NSAIDs and muscle relaxants. The injured worker was also previously seen by a pain management specialist and underwent a psychological evaluation. The injured worker had a lumbar laminectomy in 02/2013. The injured worker had an examination on 04/11/2014 with continued complaints of cervical spine spasms and increased pain. Upon examination, the injured worker had 2+ reflexes. The injured worker reported complaints of constipation. He had complaints of numbness and he also complained of depression. The medication list consisted of Prilosec, Pamelor, Norco, and Elavil. The recommended plan of treatment was for a cervical spine epidural steroid injection, add Colace to the injured worker's medication regimen, and increase Norco from 7.5/325 to 10/325. The rationale was not provided. The Request for Authorization was signed and dated for 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: The request for Norco 10/325mg, #120 is non-certified. The California MTUS Guidelines recommend for the ongoing monitoring of opioids the documentation needs to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. The guidelines also recommend discontinuing the use of opioids if there is no overall improvement in function. There is a lack of evidence and documentation in the clinical note regarding effective pain relief on the VAS (visual analog scale). Per the documentation, the injured worker does complain of constipation, for which Colace was ordered. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is no evidence that a urine drug screen was performed for the monitoring of aberrant or nonadherent drug-related behaviors. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Norco 10/325mg, #120 is non-certified.

Colace 100mg, #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse: McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontology Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51p. [44 references].

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

Decision rationale: The request for Colace 100 mg #100 is non-certified. The California MTUS Guidelines recommend prophylactic treatment of constipation with opioid medications. The injured worker reported constipation. As the opioid medication being requested is not indicated at this time, Colace would not be indicated at this time. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Colace is non-certified.