

Case Number:	CM14-0087590		
Date Assigned:	07/23/2014	Date of Injury:	10/25/2011
Decision Date:	09/18/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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:

According to the records made available for review, this is a 39-year-old female with a 10/25/11 date of injury, and status post micro lumbar discectomy on left at L4-L5 1/21/14. At the time (4/29/14) of request for authorization for Hydrocodone/APAP 10/325mg x 90, Ketoprofen 75mg x 90, and Docuprene 100mg x 60, there is documentation of subjective (low back pain rated 4-6/10, persistent numbness in left leg to foot, but says numbness has improved compared to before surgery, and constipation with Norco) and objective (range of motion of lumbar spine decreased in all planes, surgery site clean, dry and intact with no signs of infection, decreased sensation left L4 and L5 dermatomes to light touch, and 5-/5 motor strength of left tibialis anterior, extensor hallucis longus, inversion, and eversion) findings. The current diagnoses include status post micro lumbar discectomy on left at L4-5, 1/21/14. The patient's treatment to date includes surgery, chiropractic treatment, and medications including Norco, Ketoprofen, and Docuprene. A 5/27/14 medical report identifies patient reports Ketoprofen relieves her pain by approximately 75% and helps increased her walking distance by about 10-15 minutes. Regarding Hydrocodone/APAP 10/325mg x 90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg x 90: 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): 74-80.

Decision rationale: The 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 a diagnosis of status post micro lumbar discectomy on left at L4-5, 1/21/14. In addition, given documentation that Norco relieves her pain by 75% and helps increase her walking distance by about 10 minutes, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; 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 Hydrocodone/APAP 10/325mg x 90 is not medically necessary.

Ketoprofen 75mg x 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal Anti-inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of a diagnosis of status post micro lumbar discectomy on left at L4-5, 1/21/14. In addition, there is documentation of chronic low back pain. Furthermore, given documentation that Ketoprofen relieves her pain by approximately 75% and helps increased her walking distance by about 10-15 minutes, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ketoprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen 75mg x 90 is medically necessary.

Docuprene 100mg x 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/docusate-sodium.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS website, <http://www.drugs.com/ppa/docusate.html>; and on the Non-MTUS website http://www.medscape.com/viewarticle/427442_5.

Decision rationale: The MTUS and ODG do not address this issue. The Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Docuprene is indicated (such as short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (eg, after anorectal surgery, MI); to evacuate the colon, rectal, and bowel examinations; prevention of dry, hard stools; preoperative and pre-radiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use), as criteria necessary to support the medical necessity of Docuprene. Within the medical information available for review, there is documentation of a diagnosis of status post micro lumbar discectomy on left at L4-5, 1/21/14. In addition, given documentation of subjective (constipation with Norco) findings and ongoing treatment with Norco, there is documentation of a condition/diagnosis for which Docuprene is indicated (chronic opioid use). Therefore, based on guidelines and a review of the evidence, the request for Docuprene 100mg x 60 is medically necessary.