

Case Number:	CM14-0091635		
Date Assigned:	07/25/2014	Date of Injury:	10/30/1989
Decision Date:	09/08/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/17/2014

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, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 75-year-old male who reported an injury on 10/30/1989 due to an unknown mechanism. Diagnoses were chronic low back pain, lumbar degenerative disc disease, cardiac valve disease, status post aortic valve replacement and pacemaker placement, suspected cervical degenerative disc disease and radiculopathy, pain related insomnia and narcotic-related constipation. Past treatments reported were aquatic therapy, walking and chiropractic sessions. No diagnostic studies were reported. Past surgeries were aortic valve replacement and pacemaker placement. The injured worker had a physical examination on 05/20/2014 with complaints of back pain and constipation. The pain was rated a 7/10 in intensity without medications, with medications the pain was rated 4/10. Urine sample toxicology screen was submitted for review. Examination of the lumbar spine revealed tenderness to palpation throughout the lumbar spine and the right lumbar paraspinal region, with extension of tenderness into the right buttocks in the area overlying the right S1 joint. Straight leg raise was negative bilaterally. Finger to the floor distance was 6 inches. Medications were trazodone 50 mg 1 at bedtime, Prilosec 20 mg 1 daily, Colace, and Norco 10/325 mg. Treatment plan was to continue with medications as directed. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 x2Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75,78.

Decision rationale: The request for Norco 10/325 mg quantity 120 times 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule recommends short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Colace 100mg #30 x2refills: Upheld

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 Initiating Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule recommends for prophylactic treatment for constipation should be initiated. Although the injured worker has reported relief with the medication the provider did not indicate a frequency for the medication. The request is not medically necessary.