

Case Number:	CM14-0101110		
Date Assigned:	07/30/2014	Date of Injury:	07/07/2001
Decision Date:	05/01/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 ■ who sustained an industrial injury on 7/7/01. There was no documentation for review regarding the initial complaints or mechanism of injury. He currently complains of low back pain with radiation down the left leg to the foot and to the right leg to the knee. The pain intensity was 5-8/10. Medications are Norco, Pamelor, Zanaflex, Colace, Cymbalta and Flector Patches. Urine drug screen (8/14/13) was consistent with prescribed medications. Diagnoses include post laminectomy syndrome; chronic pain syndrome and lumbar radiculopathy. Treatments to date include medications, which are helpful in reducing pain. In the note, dated 11/19/13 the treating provider indicates that the urine drug screen for the prescribed medications of Norco, Colace and Flector patches was consistent with prescribed treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with low back pain, which radiates down the left leg and foot. The current request is for Norco 5/325mg #100. The treating physician states: Patient states that the medications allow him to work full time. He denies any side effects. Patient states that Norco decreased his pain flares allowing him to cook, clean, go to the grocery store, do laundry, etc. The patient rates their pain as 5/10 and notes that when he was denied medication for a month, his pain increased greatly. The treating physician goes onto state that the urine drug screens have been consistent and documents that the patient has not had any aberrant behaviors. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary and the recommendation is for authorization.

COLACE 100MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
OPIOID INDUCED CONSTIPATION TREATMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with low back pain, which radiates down the left leg and foot. The current request is for Colace 100mg #30. The treating physician states: Patient states that the medications allow him to work full time. He denies any side effects. The patient rates their pain as 5/10 and notes that when he was denied medication for a month, his pain increased greatly. The patient reports constipation. The patient is able to perform ADLs and work full time while on this medication. The treating physician goes onto state that the urine drug screens have been consistent and documents that the patient has not had any aberrant behaviors. The MTUS Guidelines state that for constipation due to opioid use, Prophylactic treatment of constipation should be initiated. The records reviewed show that the patient has been prescribed Norco. The patient has been stable on opioids and the treating physician is prescribing Colace to help reduce constipation. The MTUS guidelines state that prophylactic treatment of constipation is recommended. The current request is medically necessary and the recommendation is for authorization.

FLECTOR PATCH #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with low back pain, which radiates down the left leg and foot. The current request is for Flector Patch #30. The treating physician states: The patient's pain management regimen allows him to work full time. He continues to perform his HEP. Flector Patches were denied by UR. The MTUS guidelines states: Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Neuropathic pain: Not recommended, as there is no evidence to support use. MTUS guidelines only recommend topical NSAIDs for osteoarthritis and tendinitis in the knee, elbow, or other peripheral joints. In this case, the treating physician documents that the patient is having lower back pain and the patient is not experiencing peripheral osteoarthritis or tendinitis symptoms. The current request is not medically necessary and the recommendation is for denial.