

<b>Case Number:</b>	CM14-0187515		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	08/12/2007
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Internal Medicine, 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 (IW) is a 63-year-old man with a date of injury of August 12, 2007. The mechanism of injury was not documented in the medical record. X-rays of the low back revealed severe degeneration at L5-S1. No segmental instability. MRI from June of 2011 showed slight anterolisthesis at L5-S1 with disk height loss, small central disc protrusion at L5-S1, and broad based disk at L4-L5. Multilevel facet arthropathies. Pursuant to the Primary Treating Physician's Progress Report dated October 15, 2014, the IW complains of ongoing back and hip pain. The provider documents that he continues to do well on the current medication regimen and needs refills of medications. Objective findings report: No significant change. The IW has been diagnosed with Low back pain; chronic knee pain, S/P left knee replacement on April 1, 2013; chronic right knee pain, S/P right knee total replacement on August 13, 2013; right hip pain, negative MRI; S/P Synvisc injections in February of 2011; Negative electrodiagnostic studies of bilateral legs in November of 2009; and low testosterone secondary to narcotic use. Current medications include Norco 10/325mg, and Colace 100mg. Documentation indicated that the IW has been taking Norco and Colace since May 30, 2012. There is no documentation of functional improvement with the continued use of Norco. The treatment plan includes refill medications with a 2-month supply, and authorization request for physical therapy (PT) 6 sessions. Body part for PT is not documented in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** 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 Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 #90 is not medically necessary. Ongoing, chronic use of opiates requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the documentation shows the injured worker was taking Norco as far back as May 30, 2012. There are several progress notes in the medical record, however the documentation states "no significant change". There are no physical examinations, no pain assessments, and no objective functional improvement documented in the medical record as a consequence of taking Norco on a regular basis. Additionally, prior to May 30, 2012, the injured worker was taking OxyContin. Consequently, Norco 10/325 mg #90 is not medically necessary. Based on the clinical information in the medical record, the long-term use of Norco, missing documentation with pain assessments and objective functional improvement, and the peer-reviewed evidence-based guidelines, Norco 10/325#90 is not medically necessary.

**Colace 100mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Initiating Opiate Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, Colace 100 mg #90 is not medically necessary. The guidelines state while initiating opiate therapy prophylactic treatment of constipation should be initiated. The documentation should reflect whether these measures are working with the appropriate clinical information. In this case, the injured worker was taking Colace as far back as May 30, 2012. The injured worker was taking Norco 10/325 mg. The medical documentation, however does not indicate whether the injured worker was suffering with opiate induced constipation or any other type of constipation for that matter at any time. Additionally, Norco 10/325#90 is not medically necessary (supra) and, consequently, Colace 100 mg #90 is not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, in conjunction with Norco not being medically necessary, Colace 100 mg #90 is not medically necessary.

