

Case Number:	CM14-0199889		
Date Assigned:	12/10/2014	Date of Injury:	07/21/2003
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 61 year old with a work injury dated 7/21/03. The diagnoses include lumbosacral disc injury with fusion at level L2-L3 and L3-L4 on September 14, 2007; history of lumbosacral revision surgery on March 26, 2009; lumbosacral disc injury; right L5 lumbosacral radiculopathy; history of seroma formation and infection of spine-treated. Under consideration are requests for Senokot BID prn #60 and Norco 10/325mg QID PRN #120. There is a 10/22/14 progress note that states that the patient continues to complain of low back and bilateral lower extremity pain. The patient is alert and oriented. No signs of sedation. Speech is not slurred. The patient makes good eye contact. He uses rolling walker for balance and ambulation. The treatment plan states that the patient is recommended use Butrans 10 mcg one patch every week and to cut down Norco from four tablets a day down to two tablets a day as the patient reports current medication Norco is not sufficient to control pain. Butrans a long-acting opioid is being added and Norco for breakthrough pain. The patient is to see a spine surgeon as there is MRI finding of postoperative changes with fluid collection. There is edema enhancement at T10-T11 and T11-T12 following lumbar fusion from the MRI study. The patient told me he needs pain medicine to control his pain. Prior utilization review recommends weaning of Norco, Butrans patch and has recommended a decreased quantity of Senokot based on weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot BID prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76.

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

Decision rationale: Senokot BID prn #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per MTUS guidelines in regards to initiating opiates prophylactic treatment of constipation should be initiated. The documentation submitted that recommendations were made on prior utilization review to wean patient's opiate medications. The documentation does not indicate that opioids are controlling pain and weaning is appropriate. Additionally, the request does not indicate the strength of Senokot. For these reasons the request for 60 tablets of Senokot therefore is not medically necessary.

Norco 10/325mg QID PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

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

Decision rationale: Norco 10/325mg QID PRN #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on opioids without significant functional improvement or pain relief. The request for Norco 10/325mg prn #120 is not medically necessary.