

Case Number:	CM14-0204378		
Date Assigned:	12/16/2014	Date of Injury:	08/20/2003
Decision Date:	02/09/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehabilitation, has a subspecialty in Pain 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:

This is a male patient with a date of injury of August 20, 2003. A utilization review determination dated November 18, 2014 recommends non-certification of Norco 10-325 mg #120, and Senna 8.6/50 #60. A progress note dated October 8, 2014 identifies subjective complaints of ongoing back and right leg complaints. The patient states that the aching pain in his buttocks alternate, he reports a stabbing and aching pain in his low back that radiates to his right leg, and previous right TFESI at L4, L5, and S1 provided at least six months of relief. The patient rates his pain at a 7/10, he notes a stabbing and aching pain with pins and needles in his low back with extension into his right lower extremity, aching pain across his bilateral buttocks, his pain is aggravated with bending forward and extending his back, and he notes numbness and tingling that radiates from his back into all digits of his right foot. The physical examination identifies limited range of motion of the lumbar spine, tenderness to palpation and spasms of the lumbar spine, positive facet loading of bilateral L4, L5, and S1, decreased sensation of right L4 and S1 dermatomes, straight leg raise on the right is limited to 15 due to severe leg complaints, and straight leg raise on the left side is limited to 45 due to pain. The diagnoses include lumbar radiculopathy, DDD and facet arthropathy of the lumbar spine, canal stenosis of the lumbar spine, HNPs of the lumbar spine, and retrolisthesis at L5-S1. The treatment plan recommends a prescription for omeprazole 20 mg #60, a prescription for Norco 10/325 mg #120, a prescription for Senna 8.6/50 #60, and a request for bilateral TFESI at L4, L5, and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 between 10/08/2014 and 1/12/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Norco; Hydrocodone / APAP; Opioids, Crit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco 10/325mg #120, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco 10/325mg #120 is not medically necessary.

Senna 8.6/50 #60 between 10/08/2014 and 01/12/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioid Induced Constipation Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Senna, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Senna. In the absence of such documentation, the currently requested Senna is not medically necessary.