MAXIMUS Federal Services

Case Number:	CM14-0205578		
Date Assigned:	12/17/2014	Date of Injury:	11/12/2003
Decision Date:	02/05/2015	UR Denial Date:	12/08/2014
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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 60 year old male who was injured on 11/12/2003. He was diagnosed with cervical disc disease with radiculitis and chronic pain disorder. He was treated with cervical surgery, spinal stimulation device implantation, and medications, including various opioid medications. He was started on stool softeners and Senokot, presumably for constipation, although there was no record found in the documents available for review to show when and why these were started. On 10/28/14 (the most recent progress note dated just prior to the request), the worker's treating pain management physician recorded the worker reporting no change in his chronic neck pain, thoracic pain, or right arm pain. He reported doing exercises regularly at home as taught to him in physical therapy. He reported taking Norco, Duragesic, Senokot, and Colace, and reports that his medications together with his spinal stimulation together allow him to go on short walks. He reports not being employed at the time. The worker was then recommended to continue the same medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50 Film extended release 50mog/hr #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using both Duragesic and Norco to help control his chronic pain. However, there was limited evidence to suggest the complete review listed above regarding these two opioid medications was executed around the time of this request for renewal. In particular, there was incomplete reporting of Duragesic' s independent functional and pain-reducing benefits as well as Norco's independent functional and pain-reducing benefits, which is required to justify continuation of these agents. As this evidence was missing from the progress notes available for review, both the Duragesic and the Norco will be considered medically unnecessary until provided.

Colace Sodium 100mg #60 refills: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk References 67th Edition, Colace (docusate sodium)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-induced constipation treatment, Other Medical Treatment Guideline or Medical Evidence: Medscape: Colace: (http://reference.medscape.com/drug/colace-dss-docusate-342012#0).

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Colace is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, there were no documents which revealed the time and context of starting this medication for the first time, although it is presumed to be for the constipation related to his opioid use. However, because of no evidence being found in the documentation provided for review suggesting the worker had fully tried and was currently implementing first

line therapies as suggested above, the Colace will be considered medically unnecessary to continue.

Norco 325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using both Duragesic and Norco to help control his chronic pain. However, there was limited evidence to suggest the complete review listed above regarding these two opioid medications was executed around the time of this request for renewal. In particular, there was incomplete reporting of Duragesic' s independent functional and pain-reducing benefits as well as Norco's independent functional and pain-reducing benefits, which is required to justify continuation of these agents. As this evidence was missing from the progress notes available for review, both the Duragesic and the Norco will be considered medically unnecessary until provided.