MAXIMUS Federal Services

Case Number:	CM15-0001194		
Date Assigned:	01/09/2015	Date of Injury:	10/14/2010
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 a male patient, who sustained an industrial injury on 10/14/2010. An orthopedic follow up visit dated 09/11/2014 reported a post-procedure visit as his status post left L4-5 transforaminal ESI on 08/27/2014. Subjective reporting found pain being less intense with numbness to entire left foot. He does state ongoing hip pain; however, that is also lessened in intensity. He takes Norco, Gabapentin, Neurontin, Motrin, Tagamet and ASA. In addition he also is noted undergoing left L4-5 transforaminal ESI 12/19/2012. Physical examination found lumbar spine showed mid line shift. Lumbar range of motion noted limited to 60 degrees of flexion and 20 degrees of extension. Neck movements noted painful with flexion beyond 60 degrees and extension beyond 20 degrees. Spinous process tenderness noted bilateral sides of L5. Straight leg raising test is positive. He is found with antalgic gait, limping and ambulating with a single point cane. He is diagnosed with thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy and lumbago. On 12/22/2014 Utilization Review non-certified Norco 10/325 MG, noting the CA MTUS chronic pain and ODG also cited. The injured worker submitted an application for IMR for review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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." While the treating physician does document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, and improved quality of life, the treating physician did not detail how long the patient got pain relief. Additionally, medical documents indicate that the patient has been on Ultram, another opioid medication and has had adverse side effects. The patient only got a reduction from 10/10 to 7/10 for an unknown period and has suffered constipation secondary to Norco. As such, the request for 2 Norco 10/325mg #120 is not medically necessary.

Senna S #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Pain (Chronic), Opioid-induced constipation treatment UpToDate.com, docusate and senna

Decision rationale: Sennoside (Senna) are stool softeners and laxatives, respectively. This patient is undergoing treatment with Norco, which is an opioid. The length of time this patient has been on Norco is unknown. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber and some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Up-to-date states: Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents. Additionally, there is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less

effective than other laxatives. The treating physician does not document any attempts or details of a first line therapy. Additionally, Norco was not approved. As such, the request for Senna S #120 is not medically indicated at this time.