

Case Number:	CM15-0002586		
Date Assigned:	02/13/2015	Date of Injury:	09/13/2005
Decision Date:	03/31/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/06/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 49 year old male who sustained an industrial injury on 09/13/2005. He presents on 12/24/2014 with low back pain with intermittent sharp pain radiating into bilateral legs. The only alleviating factors are compound cream, alternating walking with rest and oral pain medications. He reports pain level as 8-9/10. Physical exam reveals lumbar flexion limited to 45 degrees due to moderate low back pain, extension was limited to 15 degrees due to facet loading pain. Lumbar facets were tender. Straight leg raise was positive bilaterally at 30 degrees. His gait was antalgic and he ambulated with a cane. Prior treatment includes physical therapy, acupuncture, chiropractic all of which have provided pain relief. Diagnoses included: Pure hypercholesterolemia; Diabetes Mellitus no complication; Degeneration of lumbar or lumbosacral intervertebral disc\Thoracic or lumbosacral neuritis or radiculitis; Sciatica; Lumbago: Lumbosacral spondylosis without myelopathy; Spasm of muscle; Lumbar sprain: Lumbosacral spondylosis without myelopathy. The provider requested refill for Norco 10/325 by mouth four times daily as needed for pain # 120 and Glycol 3350 powder 17 gm daily 3 510 gm. On 01/02/2015 utilization review non-certified the requests for Norco 10/325 mg one tab by mouth four times per day # 120 no refills. CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited. Glycol 3350 powder, take 17 gm once a day # 510, 5 refills was also non-certified by utilization review. CA MTUS is silent. DrugDigest.org was cited. (<http://www.drugdigest.org/DD/PrintablePages/Monograph>).

IMR ISSUES, DECISIONS AND RATIONALES

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

Glycol 3350 Powder, take 17om once a day, #510, 5 refills (prescribed 12/24/14):

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Digest.org, www.drugdigest.org/DD/Printablepages/Monograph/0,7765,550398Glycolax_00.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing therapy, page 77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Glycol. MTUS guidelines state the following: Prophylactic treatment of constipation should be initiated. The clinical documents state that the patient is currently on Opioids. According to the clinical documentation provided and current MTUS guidelines; Glycol is indicated as a medical necessity to the patient at this time.

Norco10/325 mg, one tablet by mouth 4 times per day, #120, no refills (prescribed 12/24/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time.