

Case Number:	CM15-0007577		
Date Assigned:	01/26/2015	Date of Injury:	03/16/2009
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 31 year old female, who sustained an industrial injury on 03/16/2009. The diagnoses have included thoracic outlet syndrome and cervicobrachial syndrome. Treatments to date have included home exercise program, physical therapy to start January 2015, and medications. Diagnostics to date have included urine drug screen on 11/26/2014 which was inconsistent with reported medication list. In a progress note dated 11/26/2014, the injured worker presented with complaints of neck and back pain. The treating physician reported the injured worker continues with restricted range of motion and tenderness to palpation with pain radiating up to the neck. The physician also noted that the injured worker experienced severe constipation and proved a stool softener. Utilization Review determination on 12/15/2014 non-certified the request for Colace 100mg capsule 1 po (by mouth) BID (twice daily) #60 Refill: 0 and modified the request for Norco 10/325mg 1 tablet po (by mouth) Q6H (every 6 hours) #120, Refill: 0 to Norco 10/325mg 1 tablet po Q6H #60 Refill: 0 citing Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 # 120 with 0 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 -79.

Decision rationale: Norco contains an opiate. There were urine drug tests on 06/13/2014 and 11/26/2014. Both had results of inconsistencies with the medication list. MTUS criteria for on-going opiate therapy include monitoring for drug seeking abnormal behavior. The continued drug monitoring inconsistencies present in this case is not consistent with continued opiate on-going treatment and the requested continued Norco is not medically necessary.

Colace 100mg cap # 60 with 0 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 - 79.

Decision rationale: The patient is already on Senna for constipation. Colace is a stool softener used to treat constipation and it is frequently used in patients treated with opiates - which cause constipation. In the above section it is noted that Norco, the only opiate this patient takes, is not medically necessary. The patient will no longer have opiate induced constipation and Colace is no longer medically necessary for this patient.