

<b>Case Number:</b>	CM15-0009213		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old male amintenance mechanic, who sustained an industrial injury on 12/19/2013. He has reported right shoulder pain, exacerbated by raising the right arm, with subsequent right rotator cuff repair 3/17/14. Repeat Magnetic Resonance Imaging (MRI) of the right shoulder significant for recurrent tearing of the supraspinatus and infrapinatus and poor visualizaton of the biceps tendon. The diagnoses have included a right rotator cuff tear. Comorbid conditins include obesity (BMI 38). Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), shoulder immobilizer, physical therapy, and Tylenol #3. Currently, the IW complains of persistent right shoulder pain. Physical examination documented on 11/29/14, the assessment was "massive recurrent tearing of the rotator cuff status-post repair and capsulorrhaphy." The plan of care included post operative medication for Vitamin C for post operative healing promotion, narcotic, anti-inflammatory, antibiotic and stool softener. On 1/9/2015 Utilization Review non-certified Colace 100 mg #10, Naproxen 500mg #60, and Norco 7.5/325mg #50, and Vitamin C 500 mg#60, noting the frequency was not documented. The MTUS Guidelines were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of Colace 100 mg #10, Naproxen 500mg #60, and Norco 7.5/325mg #50, and Vitamin C 500 mg#60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **10 Capsules of Colace 100mg: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) American Gastroenterological Association Medical Position Statement on Constipation, Gastroenterology, Volume 144, Issue 1, Pages 211-217, January 2013 2) University of Iowa College of Nursing Guideline: Management of Constipation, 1996 (revised 2009 Oct). Bibliographic Source(s): McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references]

**Decision rationale:** Colace (docusate) is an anionic surfactant, that is, it is a substance that lowers the surface tension of water. It is a common over-the-counter medication classified as a stool softener and approved to treat constipation in adults. The common causes of chronic constipation in this patient's age group are inadequate fiber in diet, inadequate fluid intake, inadequate exercise and/or side effects from medications (such as opioids). Medical treatment would normally begin with fiber supplementation and/or osmotic or stimulant laxatives. The treatment for opioid-induced constipation is a stool softener plus a stimulant laxative. For this patient since use of chronic opioid therapy is not approved, the need for treating opioid-induced constipation is not needed. At this point in the care of this individual use of Colace is not indicated. Medical necessity has not been established.

## **60 Tablets of Vitamin C 500mg: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fukushima R1, Yamazaki E. Vitamin C requirement in surgical patients. Curr Opin Clin Nutr Metab Care. 2010 Nov;13 (6):669-76

**Decision rationale:** Vitamin C is a water-soluble vitamin necessary for normal growth and development. The body's requirement for it under times of stress or injury increases. This thought to be due to an increased demand caused by increased oxidative stress. Studies have shown the need for higher doses of vitamin C after surgery. This patient has had surgery recommended. However, the patient has not had the surgery. Prescription of this medication should be for this time period and that is what the provider requested. Medical necessity for this medication has been established.

## **60 Tablets of Naproxen 500mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Naprosyn (naproxen) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient's pain is not stable. He now has a worsening of his condition associated with a re-tear of the rotator cuff. Use of NSAIDs in this situation is considered appropriate. Medical necessity has been demonstrated.

**50 Tablets of Norco 7.5/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication. First-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have not been tried. Additionally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. There is no documentation in the records available for review that the provider is appropriately monitoring this patient for the safe use of opioids. Medical necessity for use of this medication has not been established.