

Case Number:	CM15-0100986		
Date Assigned:	06/03/2015	Date of Injury:	05/26/2006
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, New York, 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 applicant is a represented 62-year-old who has filed a claim for chronic low back, knee, ankle, and wrist pain reportedly associated with an industrial injury of May 26, 2006. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve requests for Norco, Colace, and an orthopedic consultation for the low back. The claims administrator referenced a RFA form received on April 21, 2015 and an associated progress note of April 20, 2015 in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of low back, knee, thigh, ankle, and wrist pain, 8-9/10. The applicant was on Motrin and Norco at this point, it was reported. The applicant was using a cane to move about. The applicant had received recent epidural steroid injection, it was reported. The attending provider stated that the applicant would not be able to perform even minimal activities of daily living, including standing and walking, without his medications. The applicant's medication list, it is stated in another section of the note, included Voltaren gel, Zestril, hydrochlorothiazide, hydrazine, Tenormin, lidocaine ointment, Norco, Prilosec, Effexor, Motrin, Acetadryl, tramadol, Flexeril, and Colace. The applicant had undergone earlier lumbar spine surgery, multiple forearm surgeries, and multiple knee surgeries, it was reported. The applicant was quite obese, standing 5 feet 2 inches tall and weighing 190 pounds. The applicant was using a cane to move about in the clinic setting. Multiple medications were renewed, including Colace, Motrin, and Norco. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On March 23, 2015, the applicant again reported multifocal pain complaints, including ongoing complaints of low back pain status post earlier epidural steroid injection therapy. The attending

provider apparently re-requested an orthopedic spine surgery consultation. Multiple medications and permanent work restrictions were renewed. In a medical-legal evaluation dated March 11, 2015, the applicant reported ongoing multifocal pain complaints. The applicant denied any symptoms of gastroesophageal reflux disease, it was reported. The applicant was on Norco, MiraLax, Motrin, Tenormin, Zestril, Norvasc, and topical Dendracin, it was acknowledged. The applicant was using a cane to move about. The applicant was quite depressed, it was reported. The applicant seemingly suggested that no further surgery was anticipated in one section of the note. Towards the bottom of the report, the medical-legal evaluator stated that the applicant was not intent on pursuing further surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 250mg Softgel #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Prophylactic treatment of constipation Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: The request for docusate sodium (Colace), a laxative/stool softener, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic treatment of constipation should be initiated in applicants who have been given opioid agents. Here, the applicant was using Norco, an opioid agent, on or around the date of the request. Provision of docusate (Colace), a laxative agent, was, thus, indicated to combat any issues with opioid-induced constipation that may have originated in conjunction with the same. Therefore, the request was medically necessary.

Norco 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was suggested on multiple office visits and a medical-legal evaluation, referenced above. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, and the like; it was reported on a progress note of April 20, 2015. 8-9/10 pain complaints were reported on that date. All of the foregoing, taken together, did not make a compelling case for continuation for opioid therapy with Norco. Therefore, the request was not medically necessary.

Orthopedic Consult for the low back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Finally, the request for an orthopedic spine surgery consultation for the low back was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is a consideration, counseling regarding outcomes, risks, benefits, and expectations is "very important." While a medical-legal evaluation of earlier 2015 suggested that the applicant was not intent on pursuing further spine surgery, subsequent office visits of March 23, 2015 and April 20, 2015 suggested that the applicant had deteriorated as of that point in time. Obtaining the added expertise of an orthopedic spine surgeon to determine the applicant's candidacy for further spine surgery was, thus, indicated. Therefore, the request was medically necessary.