

Case Number:	CM15-0107767		
Date Assigned:	06/12/2015	Date of Injury:	11/26/2003
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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 51-year-old who has filed a claim for chronic low back, shoulder, elbow, hip, hand, knee, foot, and groin pain reportedly associated with an industrial injury of November 26, 2003. In a Utilization Review report dated May 12, 2015, the claims administrator partially approved a request for Norco and also partially approved a request for Constulose (AKA lactulose), a laxative agent. The claims administrator referenced a May 4, 2015 RFA form and an associated progress note of April 23, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated May 4, 2015, Norco and lactulose were endorsed for operating diagnoses of chronic pain syndrome, failed back syndrome, and chronic low back pain, status post earlier failed spine surgery. In an April 28, 2015 progress note, the applicant reported ongoing complaints of low back pain, 7-8/10 with associated paresthesias. The applicant reported derivative complaints of depression, anxiety, fearfulness, fatigue, malaise, poor concentration, difficulty concentration, and inability to relax or enjoy life. The applicant was given a Global Assessment of Functioning (GAF) of 58. It was acknowledged that the applicant was no longer working as the applicant's last date of work was April 2, 2004. Little to no discussion of medication efficacy transpired on this date. In an April 20, 2015 progress note, the applicant reported issues with severe chronic pain and functional disability. The applicant denied any active suicidal ideation as of that point in time. On April 23, 2015, the applicant's pain management physician reported having variable 6-8/10 pain complaints, exacerbated by lifting, bending, sitting, standing, and walking, it was reported. The applicant was using a cane and a wheelchair to move about and was "resting or reclined" 75% to 100% of the waking day.

The applicant was not out of the house daily. The applicant remained significantly depressed and anxious, it was reported. Norco, Constulose, Lexapro, Lunesta, imipramine, Provigil, and intrathecal Dilaudid were either renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: No, 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, the applicant's psychiatrist acknowledged, and had apparently last worked in 2004. While the applicant's pain management physician reported on April 23, 2015 that the applicant's analgesic medications were beneficial, these reports were, however, outweighed by the report on the same date to the effect that the applicant was having difficulty performing of activities of daily living as basic as standing, lifting, walking, sitting, and bending and that the applicant reported pain complaints as high as 6-8/10, despite ongoing opioid usage. The fact that the applicant is using a cane and/or wheelchair to move about, coupled with the fact that the applicant did not get out of the house daily, strongly suggested that the applicant was not deriving appropriate improvements in function through ongoing Norco usage. Therefore, the request was not medically necessary.

1 prescription of Constulose 10gm/15ml #1 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Conversely, the request for Constulose (AKA lactulose), a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants given opioid therapy. Here, the applicant was using multiple opioids, including oral Norco and intrathecal Dilaudid, it was reported on April 23, 2015. Prophylactic provision of Constulose (lactulose), was, thus, indicated here. Therefore, the request was medically necessary.

