

Case Number:	CM15-0132345		
Date Assigned:	07/20/2015	Date of Injury:	04/03/1995
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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 63 year old male with an industrial injury dated 04/03/1995. His diagnoses included post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, chronic back pain and status post L4-5 and L5-S1 partial discectomy (1996). Prior treatment included surgery, epidural steroid injections, physical therapy, home exercise program, diagnostics and medications. He is not working. He presented on 06/05/2015 with complaints of back pain radiating from low back including postero-lateral thigh and calf including the lateral, bottom and dorsal aspect of the foot. He rated his pain with medications as 5/10 and without medications 7/10. Activity level had remained the same and sleep was fair. His current medications included Colace, Flexeril and Norco and use of the medications improved his function (including two hours of yard work) and activities of daily living. The provider documents CURES was appropriate. No side effects were reported. The provider noted that the injured worker was stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medications. Objective findings included restricted range of motion of the lumbar spine. On palpation there was spasm, tenderness and tight muscle band noted on the left side. The injured worker was unable to walk on heel or toes. Sensory examination showed light touch sensation decreased over posterior thigh on the left side. Straight leg raising was positive on the left side. Documentation notes the pain agreement was briefly reviewed with the injured worker. Treatment plan included medications and home exercise program. The treatment request is for Colace 250 mg #60 with 1 refill and Norco 10/325 mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Criteria for use of opioids, Opioids for chronic pain, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1; 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 60-120 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. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this 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 allow for safe use of chronic opioid therapy. Upon review of the available patient records there is no documentation that first-line medications have been tried and failed. However, the patient has been treated for this injury for 20 years and the records reviewed only cover the last 6 months. There is good documentation that use of medication lowers pain and improves function. The provider also has been following the MTUS guidelines for chronic use of opioids: a patient contract is in use, reviewed regularly and regular urine drug screens have been performed. Considering all the above, the request for continued use of Norco is medically necessary and has been established.

Colace 250mg #60 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. 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 there is documentation of the patient taking an opioid medication. At this point in the care of this individual use of Colace is an option in therapy. The request is medically necessary and has been established.