

<b>Case Number:</b>	CM15-0144371		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	10/22/2008
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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, who sustained an industrial injury on 10-22-2008, secondary to a slip and fall resulting in injury to left knee, right shoulder and low back. On provider visit dated 06-17-2015 the injured worker has reported low back pain and left knee pain without medication was noted as 9 out of 10 and with medication 4 out of 10. He was noted to be able to do more activity with medication. On examination back was noted to have some lumbar muscle tenderness in the paraspinal. The diagnoses have included chronic pain syndrome. Treatment to date has included medication which included Norco, Docusate Sodium, Flomax, Atorvastatin Calcium, Aspirin, Losartan Potassium and Prilosec. The provider requested Norco, Docusate Sodium and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use, when to discontinue opioids, weaning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant objective evidence of increased improvement therefore the request for continued Norco is not medically necessary.

**Docusate Sodium 100mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, opioid induced constipation, McKay SL, Fravel M, Scanlon C. Management of constipation, University of Iowa Gerontological nursing interventions research center, research translation and dissemination core, 2009 Oct, 51.

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

**Decision rationale:** Docusate Sodium 100mg #60 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS supports prophylactic treatment of constipation when initiating opioids. The documentation indicates that opioids are not medically necessary therefore the request for Docusate is not medically necessary.

**Prilosec 20mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks, Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Prilosec 20mg #60 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.