

Case Number:	CM15-0190206		
Date Assigned:	10/02/2015	Date of Injury:	05/28/2009
Decision Date:	11/13/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/28/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 40 year old male, who sustained an industrial injury on 5-28-2009. A review of the medical records indicates that the injured worker is undergoing treatment for pain in shoulder joint, superior glenoid labrum lesion, adhesive capsulitis of the shoulder, pain in lower leg joint, myalgia-myositis, lumbar degenerative disc disease, chondromalacia patellae, chronic low back pain, long term use of medication, neck pain, sacroiliitis, and chronic depression-anxiety. On 8-31-2015, the injured worker reported persistent severe upper back pain, middle back pain, lower back pain, and neck pain, with pain radiating to the right ankle, left arm, right calf, right foot, and right thigh. The Treating Physician's report dated 8-31-2015, noted the injured worker's pain was relieved by movement, over-the-counter (OTC) medications, pain medications, and physical therapy. Using the numeric pain scale of 0 to 10 the injured worker reported his pain as 9 without medications, 6 with medications, and an average the last month as 9, with the pain interfering with his daily activities using a scale of 0 to 10, a 9. On 6-29-2015, the injured worker rated his pain as 8 without medications, 5 with medications, and 6 for an average over the previous month with an 8 for interfering with his daily activities. The injured worker was noted to be able to perform simple chores around the house and minimal activities outside of the house two days a week with medications, and without medications the injured worker was noted to be able to get dressed in the morning, perform minimal activities at home, and contact with friends via phone or email. The injured worker was noted to have a CURES report dated 12-9-2014, a medication agreement dated 10-10-2014, and a urine drug

screen (UDS) dated 10-10-2014. The injured worker's current medications were noted to include Norco and Miralax. The physical examination was noted to show mild lumbar spasm and tenderness to palpation of the lumbar paraspinous, paraspinal, spinous, gluteals, piriformis, and SI joint with a positive right straight leg raise. Prior treatments have included shoulder surgery and Butrans which was noted to cause a skin reaction. The treatment plan was noted to include prescriptions for the Norco, prescribed since at least 6-2-2014, and Miralax. The Physician noted the injured worker's urine drug screen (UDS) had a low level of ETOH metabolites, with the injured worker counseled. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 8-31-2015, requested Norco 10/325 MG #150 and Miralax 17 Gram/Dose #524. The Utilization Review (UR) dated 9-9-2015, non-certified the requests for Norco 10/325 MG #150 and Miralax 17 Gram/Dose #524.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does fully documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, increased level of function and improved quality of life. As such, the request for Norco 10/325mg #150 is medically necessary.

Miralax 17 Gram/Dose #524: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Opioid-induced constipation treatment and Other Medical Treatment Guidelines UpToDate.com, GoLyteLy-Prescription package insert.

Decision rationale: GolyteLy/Miralax is a Polyethylene glycol (PEG) osmotic laxative agent. The GoLyteLy prescription insert states "GoLyteLy is a combination of PEG 3350, an osmotic laxative, and electrolytes indicated for cleansing of the colon in preparation for colonoscopy and barium enema X-ray examination in adults." Medical documents indicate that the golyteLy would be used for constipation and not as bowel preparation for colonoscopy. This patient is undergoing treatment with Norco. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. MTUS states "Prophylactic treatment of constipation should be initiated." ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." Uptodate recommends "other laxatives", such as sennosides, for patients who response poorly to fiber, or who do not tolerate it. The treating physician documents constipation side effects of opioid usage. The treating physician documents improvement in symptoms with the use of Miralax. The request for Norco has been certified. As such, the request for Miralax 17 Gram/Dose #524 is medically necessary.