

<b>Case Number:</b>	CM15-0191999		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	02/27/2003
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female sustained an injury on February 27, 2003. The injured worker was undergoing treatment for degenerative disc disease in the cervical spine with radiculopathy, lumbar radiculopathy, lumbar facet pain syndrome, NSAID induced gastritis and chronic pain. According to progress note of August 10, 2015, the injured worker's chief complaint was neck and low back pain with upper and lower extremity symptoms. The injured worker reported increased pain due to increased activity and lack of pain medications. The injured worker had completed postoperative therapy with good benefit. The injured worker reported the neck pain at 5-6 out of 10, which radiated up causing headaches and nausea. The injured worker reported intermittent numbness and tingling to the left shoulder. The injured worker reported sharp in the right forearm, which radiated down into the hand. The injured worker also complained of back with a constant aching pain about the S1 joint. The physical exam noted lumbar surgical scar was well healed. The gait was non-antalgic with normal heel and toe walk. There was tenderness with palpation over the right S1 joint and over the cervical, thoracic and lumbar paraspinals. The injured worker previously received the following treatments Norco three times day for pain, Flexeril, Lyrica, Zofran, Colace for induced constipation, MRI of the cervical spine, physical therapy, chiropractic therapy, acupuncture, TENS (transcutaneous electrical nerve stimulator) unit with relief, epidural injections without relief and repeat injections with temporary relief, massage therapy with relief, heat and ice therapy with relief. The RFA (request for authorization) dated August 10, 2015; the following treatments were requested prescriptions for Norco 10/325mg and Colace 100mg #120. The UR (utilization review board) denied certification on September 9, 2015, for prescriptions for Norco 10/325mg #90 and Colace 100mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

**Decision rationale:** Review indicates previous request for Norco was modified for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2003 P&S injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg quantity 90 is not medically necessary and appropriate.

**Colace 100mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

**Decision rationale:** Docusate Sodium (Colace) is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any specific subjective constipation complaints or identified clinical findings related to GI side effects. Docusate Sodium (Colace) may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication as chronic opioid use is not supported. The Colace 100mg quantity 120 is not medically necessary and appropriate.