

Case Number:	CM15-0198813		
Date Assigned:	10/14/2015	Date of Injury:	10/30/1989
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 76 year old male, who sustained an industrial injury on 10-30-1989. The injured worker is undergoing treatment for chronic low back pain, lumbar degenerative disc disease. On 8-13-15, he reported low back pain rated 7 out of 10 without medications and 4 out of 10 with medications. On 9-11-15, he reported his medications are not authorized and has been paying out of pocket for them since August 2015. The provider noted that in March 2015, he was tried on a reduced dose of Norco to one tablet three times per day and this did not cover his pain resulting in a decline in function. He is noted to have "failed a similar taper in April of 2013". The provider noted he has constipation with the use of Norco, denies side effects. The injured worker reported having a 40 percent reduction in back pain with the use of medications. He rated his pain 7 out of 10 without medications and 4 out of 10 with medications, with 4-5 hours of relief with Norco. He indicated his tolerance for activities such as walking or standing is limited to 20 minutes with medications and 10 minutes without medications. He is noted to have a signed pain contract and not exhibiting aberrant behaviors. Objective findings revealed tenderness to the lumbar and right lumbar paraspinals region into the right buttock and right sacroiliac joint, negative straight leg raise testing bilaterally. The treatment and diagnostic testing to date has included: medications, urine drug screen (4-23-15) reported as consistent. Medications have included Trazodone, Norco, and Colace. The records indicate he has been utilizing Norco and Colace since at least August 2012, possibly longer. Current work status: not documented. The request for authorization is for Norco 10-325mg quantity 120, Colace sodium

100mg quantity 30 with 3 refills. The UR dated 9-18-15: non-certified the request for Norco 10-325mg quantity 120 and Colace sodium 100mg quantity 30 with 3 refills.

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 Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 7/10 to a 4/10. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

Colace Sodium 100mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. However the continued use of opioids has not been approved and the request is for 3 refills. Therefore the request is not medically necessary.