

Case Number:	CM15-0020228		
Date Assigned:	02/09/2015	Date of Injury:	06/15/2000
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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:

The injured worker is a 46 year old male, who sustained a work related injury on 8/15/00. The diagnoses have included spinal stenosis lumbar region, lumbago, fecal incontinence and depression. Treatments to date have included oral medications including Docusate sodium, Norco, Valium and Methadone, physical therapy, electrical stimulation therapy, chiropractic treatments, massage therapy, lumbar spine surgery x 2 and rest. In the PR-2 dated 12/22/14, the injured worker complains of "back and legs killing me." He states the pain is debilitating. He rates the pain a 7-8/10. He states he is having back spasms. He states the pain medication helps him to be able to move around and get activities of daily living done. He has decreased range of motion with his lower back. On 1/20/15, Utilization Review non-certified prescription requests for Docusate sodium 250mg., 2 tabs with water, #60 x 2 refills, Norco 10/325mg., #240, Valium 10mg., #50 and Methadone 10mg., #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Docusate Sodium 250mg, 2 tablets with 8 ounces of water, quantity: 60, refills 2:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trail of opiates Page(s): 77.

Decision rationale: This patient presents with continued complaints of significant and debilitating pain in the lower back and bilateral anterior groin. The current request is for 4 docusate sodium 250 mg 2 tablets with 8 ounces of water, quantity: 60 refills: 2. The MTUS Guidelines page 76 to 78 discusses prophylactic medicine for constipation when opiates are used. The patient's current medication regimen includes Norco and the patient notes that his incontinence of stool is now on a daily occurrence. Given the patient's long-term use of opioid and complaints of constipation, the requested docusate is medically necessary.

Norco 10/325mg, take one to two pills by mouth every 4 to 6 hours for one month (30 days), quantity: 240, refills 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic low back and bilateral anterior groin pain. The current request is for Norco 10/325 mg, take 1 to 2 pills by mouth every 9 to 6 hours for 1 month (30 days) quantity: 240, refill: 0. For chronic opiate use, the MTUS pages 88 and 89 states, Full pain should be assessed at each visit, functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As including analgesia, ADLs, adverse side effects, and adverse behavior. Pain assessment or outcome measures should also be provided and include current pain, average pain, least pain, intensity of pain with medications, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since at least 06/23/2014. The treating physician in his progress reports provide a before and after pain scale to denote a decrease in pain with utilizing medications. However, there is no documentation of specific functional improvement, change in ADL, or change in work status to document significant improvement. Furthermore, there are no discussions regarding possible adverse side effects. Furthermore, this patient presents for monthly follow ups and has been prescribed Norco 10/325mg #240 which exceeds the maximum dosing allow by MTUS for Hydrocodone. In this case, the treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. The requested Norco is not medically necessary.

Valium 10mg, take one pill by mouth twice a day for one month (30 days), quantity: 50, refills 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: This patient presents with chronic low back pain and bilateral groin pain. The current request is for Valium 10 mg take 1 pill by mouth twice a day for a month (30 days) quantity: 50, refills: 0. The MTUS Guidelines page 24 has the following regarding benzodiazepines, Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Most guidelines limit 4 weeks. In this case, the patient has been prescribed this medication since at least 06/23/2014 and MTUS Guidelines recommend maximum use of 4 weeks due to unproven efficacy and risk of dependence. Given that this medication has been prescribed for long-term use, recommendation for further use cannot be provided. The requested valium is not medically necessary.

Methadone 10mg, take one pill by mouth twice a day for one month (30 days), quantity: 60, refills: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with chronic low back and bilateral anterior groin pain. The current request is for Methadone 10mg, take one pill by mouth twice a day for one month (30 days) quantity: 60 refills: 0. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. There is no rationale provided as to why Methadone is being initiated at this time. In this case, recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that functional assessments should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities. This request IS NOT medically necessary.