

<b>Case Number:</b>	CM15-0211790		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: 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 60 year old male, who sustained an industrial injury on 9-19-06. The injured worker was diagnosed as having status post L4-5 anterior posterior decompression and fusion with instrumentation, residual low back and right radicular pain, abdominal pain, opioid induced constipation, depression, and anxiety. Treatment to date has included TENS, psychotherapy, home exercise, and medication including Quetiapine, Eszopiclone, Bupropion, Colace, Neurontin, and Norco. Physical exam findings on 9-24-15 included myofascial type muscular bands in the lumbar paraspinal musculature with active trigger points. A straight leg raise test was positive on the right. Forward flexion of the lumbar spine was noted to limited to 35 degrees and extension was noted to have improved to 20 degrees. The injured worker had been taking Norco and Colace since at least November 2014. A urine drug screen obtained on 9-13-15 was noted to be consistent with prescribed medications. On 9-24-15, the injured worker complained of pain in the low back with radiation to bilateral lower extremities rated as 9 of 10 without medication and 3 of 10 with medication. On 9-24-15, the treating physician requested authorization for Norco 5-325mg #60 and Colace 100mg #30 both prescribed on 9-24-15. On 10-9-15 the requests were non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Norco 5/325mg one twice daily #60 (prescribed 9/24/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

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

**Decision rationale:** 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 Norco since at least November 2014 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2006 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 5/325mg one twice daily #60 (prescribed 9/24/15) is not medically necessary and appropriate.

### **Colace 100mg 1 daily #30 (prescribed 9/24/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

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

**Decision rationale:** 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 2006 injury; however, reports have no notation regarding any 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 with Norco is not supported. The Colace 100mg 1 daily #30 (prescribed 9/24/15) is not medically necessary and appropriate.