

Case Number:	CM15-0212346		
Date Assigned:	11/02/2015	Date of Injury:	08/23/2010
Decision Date:	12/16/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	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: Florida
 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 56 year old male, who sustained an industrial injury on August 23, 2010. He reported back pain. The injured worker was diagnosed as having displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostic studies and medication. It was unclear how long the injured worker was treated with Norco, Fexmid and Colace. On September 22, 2015, the injured worker complained of low back pain and spasm to the lower extremity that increased with bending, stooping, sitting and standing activities. The pain was rated as a 6-7 on a 1-10 pain scale. Parts of the handwritten progress report were illegible. The treatment plan included home care assist, brace, motorized hospital bed and follow-up visit. A request was made for Norco, Fexmid and Colace. On October 9, 2015, utilization review denied a request for Norco 5-325mg #75, Fexmid 7.5mg #60 and Colace 100mg #100. Notes stated weaning was recommended and weaning dose given for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use.

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

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

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

Decision rationale: In accordance with the California MTUS guidelines, Fexmid is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Fexmid is not medically necessary.

Colace 100mg #100: 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, Opioid induced constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Online version 2015.

Decision rationale: MTU guidelines does not specifically address this request. ODG states that Opioid induced constipation is a common adverse effect of long-term opioid use. ODG states, "First line: When prescribing an opioid, especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating." ODG goes on to state that, "Simple treatments include increasing physical therapy, maintaining adequate hydration by drinking enough water, and advising the patient to follow a proper diet,

rich in fiber." In addition, some laxatives may help stimulate gastric motility. Other over the counter medications can help loose hard stools, add bulk, and increase water content in the stool. In this case, it is not stated why Colace is being prescribed. Perhaps, it is for opioid induced constipation, but it is not specified in the medical record that this is the case. This medication is also available over the counter. This request is not medically necessary.