

Case Number:	CM15-0218461		
Date Assigned:	11/10/2015	Date of Injury:	01/13/2009
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 13, 2009. In a Utilization Review report dated October 27, 2015, the claims administrator failed to approve requests for Colace, Mobic, and Norco. The claims administrator referenced an October 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 19, 2015 office visit, the applicant was placed off work, on total temporary disability. The applicant had undergone earlier failed lumbar spine surgery, the treating provider contended. The applicant was also 27 weeks removed from a spinal cord stimulator placement. The applicant was on Mobic, Colace, and Norco, the treating provider acknowledged, all of which were seemingly refilled, while the applicant was placed off work, on total temporary disability. The applicant exhibited a mildly antalgic and slowed gait in the clinic setting. Constant low back pain was reported. The applicant was not comfortable, the treating provider noted toward the top of the note. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg 3 times per day #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

Decision rationale: No, the request for Colace, a stool softener/laxative, was not medically necessary, medically appropriate, or indicated here. While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that prophylactic treatment of constipation should be initiated in applicants given opioid therapy, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the October 19, 2015 office visit made no mention of whether or not ongoing usage of Colace had or had not ameliorated issues with opioid-induced constipation. Therefore, the request was not medically necessary.

Meloxicam 15mg once per day #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Introduction.

Decision rationale: Similarly, the request for Meloxicam (Mobic), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Meloxicam (Mobic) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider incorporate some discussion of "efficacy of medication" into his choice recommendations. Here, however, the applicant remained off work, on total temporary disability, the treating provider acknowledged on the October 19, 2015 office visit at issue. Ongoing usage of Mobic failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider acknowledged. The applicant was not comfortable and reported constant back pain complaints, the treating provider stated on the date in question. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Norco 10/325mg 3 times per day as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work, on total temporary disability, on the October 19, 2015 office visit at issue. The applicant was described as visibly uncomfortable and reported constant pain complaints on the date in question. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected because of ongoing Norco usage. Therefore, the request was not medically necessary.