

Case Number:	CM15-0222466		
Date Assigned:	11/18/2015	Date of Injury:	02/17/2012
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/12/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 47 year old female, who sustained an industrial injury on 2-17-2012. The injured worker was being treated for cervical degenerative disc disease, C4-7 (cervical 4-7) radiculopathy, lumbar spine degenerative disc disease at L4-5 (lumbar 4-5), right lateral extensor tendonitis-resolved, and left shoulder impingement. The injured worker (8-25-2015, 9-14-2015, and 10-26-2015) reported she has done neck stretching and 4-5 tablets of Norco a week are not working. The injured worker (9-14-2015) reported needing medication for constipation. The injured worker (8-3-2015 and 10-26-2015) did not report any constipation or any other bowel symptoms. The medical records (8-25-2015, 9-14-2015, and 10-26-2015) did not include documentation of the subjective pain ratings. The physical exam (8-25-2015, 9-14-2015, and 10-26-2015) revealed moderate tenderness along the cervical spine aggravated by movement, flexion and extension of 3 fingerbreadths, normal right and left lateral flexion, and normal rotation. The treating physician noted normal shoulder range of motion and no tenderness. The treating physician noted no tenderness over the posterior thighs, calves, trochanters, along the spines, and interosseous ligaments except for the L5-S1 (lumbar 5-sacral 1) was worse with flexion. The treating physician noted the lumbar forward flexion was 8 inches from the ankles, extension of 20 degrees, and normal right and left lateral flexion. There was no gastrointestinal assessment included in the physical exam. There was no opioid pain contract or risk assessment included in the provided medical records. Per the treating physician (5-4-2015 report), urine testing for narcotics was planned for this day, but there are no urine drug screen results included

in the provided medical records. Per the treating physician (10-26-2015 report), urine testing on 4-15-2014 was appropriated for medications taken. Treatment has included a cervical epidural steroid injection, neck stretching, and medications including pain (Norco since at least 1-2015) and stool softener (Promolaxin since at least 1-2015). Per the treating physician (10-26-2015 report), the injured worker has not returned to work. On 10-26-2015, the requested treatments included Norco 325-5mg and Promolaxin 100mg. On 11-4-2015, the original utilization review non-certified requests for Norco 325-5mg and Promolaxin 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325 5mg tablets, #120 with 0 refills, 1 tablet 4 times a day as needed,: 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, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Medical records dated Jan. 9, 2015 document the patient reports using "4-5 tablets of Norco a week, not working". Each subsequent physician's progress report documents the same information indicating Norco is not working. The prior review modified the request to Norco 325 5mg tablets, #60 to allow for weaning. As such, the request for Norco 325 5mg tablets, #120 with 0 refills, 1 tablet 4 times a day as needed is not medically necessary.

Promolaxin 100mg oral tablet, 1 tablet daily: 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, criteria for use, Opioids, long-term assessment. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Opioid-induced constipation treatment and Other Medical Treatment Guidelines UpToDate.com, Docusate.

Decision rationale: Docusate is a stool softener. This patient is undergoing treatment with an opioid. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives." The treating physician does not document what first line treatments have been tried and what the results of those treatments are. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. Currently, the request for opioid medication is non-certified. As such, the request for Promolaxin 100mg oral tablet, 1 tablet daily is not medically necessary.