

Case Number:	CM15-0047264		
Date Assigned:	03/19/2015	Date of Injury:	04/20/2012
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii

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 42 year old male, who sustained an industrial injury on April 20, 2012. He reported injuring his right upper extremity and lumbar spine. The injured worker was diagnosed as having failed back surgery syndrome and degenerative disc disease of the lumbar spine. Treatment to date has included lumbar spine surgery in 2013, physical therapy, home exercise program (HEP), epidural steroid injection (ESI), electromyography (EMG)/nerve conduction study (NCS) of the lower extremities, cervical spine MRI, and medication. Currently, the injured worker complains of low back pain, radiating down the right lower extremity to the plantar surface of his foot, a burning and tingling sensation in the back of his right thigh and calf, weakness in the right lower extremity, and right shoulder pain with pain starting in the right elbow. The Primary Treating Physician's report dated February 12, 2015, noted the injured worker was using Norco, Cymbalta, and Senokot as needed for constipation, noting severe constipation and blood in stools when he does not use the Senokot regularly. The injured worker reported some benefit in his depression with the Cymbalta, with pain levels increased due to his only receiving 15 pills of Norco. The injured worker reported his pain level without the Norco would be a 10/10, and with the Norco a 7/10, on a 0/10 visual analog pain scale. The injured worker was noted to be having increased depression and anxiety. Physical therapy was noted to be exacerbating the injured worker's low back pain. Physical examination was noted to show decreased sensation to all major dermatomes in the right lower extremity, with tenderness to palpation throughout the lumbar spine. The Physician noted the treatment

plan included maintaining the injured worker on Norco, continuing Senokot for constipation, and continuing Cymbalta at bedtime for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for upper back low back, and shoulder 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 that 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. Additionally, medical documents indicate that the patient has been on Norco for over a year which is in excess of the recommended 2-week limit. As such, the request for Norco 325/10mg #90 is not medically necessary.

Senokot-S #60: 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 Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment and Other Medical Treatment Guidelines UpToDate.com, docusate and senna.

Decision rationale: Docusate and sennoside are stool softeners and laxatives, respectively. This patient is undergoing treatment with Norco, which is an opioid. The patient has been on Norco for at least a year. 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. Up-to-date 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 any attempts at first line therapy and does not document the results of the first line therapy. As such, the request for Senokot-S #60 is not medically necessary.