

Case Number:	CM15-0086381		
Date Assigned:	05/08/2015	Date of Injury:	02/17/2011
Decision Date:	06/16/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/05/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old female, who sustained an industrial injury on 2/17/2011. The mechanism of injury is not indicated. The injured worker was diagnosed as having cervical radiculopathy, cervical facet syndrome, shoulder pain, and muscle spasm. Treatment to date has included medications, steroid injection, physical therapy, and right shoulder surgery. The request is for Norco, and Senokot-S. The records indicate she has been utilizing Norco and Senokot-S since at least December 2014. On 12/1/2014, she rated her pain as 3.5/10 with medications and 10/10 without medications. The body parts with pain are not indicated in the subjective findings. On 12/29/2014, she complained of neck and right shoulder pain. The records indicate an injury on 12/29/2008 resulted in injury of the neck, and right shoulder. The records indicate Norco to have given her gastrointestinal upset for which she was prescribed Prilosec. On 1/26/2015, she reported feeling that she needed more Norco, and rated her pain with medications as 7/10, and without medications 9/10. On 2/23/2015, she had continued neck and right shoulder pain. She rated her pain as 7/10 with medications and 10/10 without medications. She is reported to have an inconsistent Cures report and is obtaining prescriptions of Norco from other providers. The treatment plan included continuation of TENS, Flector patch, Prilosec, Norco, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tabs #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least December 2014 without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.

Senokot-S #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-induced constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. ([http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatm ent](http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatm%20ent)).

Decision rationale: According to ODG guidelines, Senokot-S is recommended as a second line treatment for opioid induced constipation. The first line measures are increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient's file that first line measurements were used. In addition, since Norco is not certified, the necessity of Senokot-S is not justified. Therefore, the request for Senokot-S #60 with 5 refills is not medically necessary.