

Case Number:	CM15-0087697		
Date Assigned:	05/11/2015	Date of Injury:	05/19/2005
Decision Date:	06/12/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

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 and neck pain reportedly associated with an industrial injury of May 19, 2005. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve requests for Norco and Colace. The claims administrator referenced an RFA form dated April 21, 2015 and an associated progress note of April 20, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated April 21, 2015, methadone, Valium, Norco, and Colace were renewed. In an associated progress note dated April 20, 2015, the applicant reported 8/10 pain complaints with derivative complaints of depression, anxiety, and insomnia, it was reported in certain sections of the note. In another section of the note, the attending provider stated that the applicant's pain complaints were 9-10/10 without medications versus 6-7/10 with medications. The applicant was having difficulty lifting. The attending provider stated that the applicant would be bedridden without his methadone. The attending provider stated that the applicant was able to perform household chores and care for his grandchildren as a result of medication consumption. The applicant's medication list included Valium, Norco, methadone, and Colace, it was reported. The applicant's BMI was 28. Multiple medications were renewed. The applicant's work status was not clearly stated, although the applicant did not appear to be working. The attending provider suggested that the applicant was in the process of settling or compromising and releasing his claim. In an appeal letter dated April 27, 2015, the treating provider appealed previously denied medications but acknowledged that the applicant had used medical marijuana as recently as January 25, 2015. Drug testing was positive for both marijuana and alcohol, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids; 7) When to Continue Opioids Page(s): 79; 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are engaged in illegal activity including concomitant usage of "illicit drugs and/or alcohol." Here, the applicant was apparently concurrently using both marijuana and alcohol as of January 25, 2015, it was reported above. Discontinuing opioids, including Norco, thus, appeared to be a more appropriate option than continuing the same in the face of the applicant's continued usage and/or misuse of marijuana and alcohol along with opioids. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was seemingly off of work, it was suggested above. The applicant continued to report pain complaints as high as 8/10, it was noted on April 20, 2015, despite ongoing medication consumption. The attending provider's commentary to the fact that the applicant would be bedridden without his medications does not, in and of itself, constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Docusate sodium 250mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Conversely, the request for docusate sodium (Colace), a laxative agent/stool softener, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants who are using opioids. Here, the applicant was using two separate opioids, Norco and methadone. Prophylactically providing docusate/Colace, thus, was indicated. Therefore, the request was medically necessary.

