

Case Number:	CM14-0122150		
Date Assigned:	09/16/2014	Date of Injury:	05/13/2009
Decision Date:	10/16/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male with a 5/13/09 injury date. He hurt himself while lifting a 1500 pound roll of paper. In a follow-up on 6/25/14, the patient states he has been swimming for exercise and doing acupuncture weekly. His sitting tolerance is improving slowly. He is waking up groggy and wished to switch sleeping aids. There are no recent documented objective exam findings. It appears from the available documentation that Norco has been prescribed since at least March 2014. Diagnostic impression: chronic pain s/p lumbar fusion. Treatment to date: lumbar fusion, medications, acupuncture, and physical therapy. A UR decision on 7/2/14 denied the request for Norco on the basis that there was minimal documentation of quantifiable pain relief and functional improvement from prior use, appropriate medication use, and lack of aberrant behaviors. The requests for Colace and Miralax were denied because the Norco was not certified, and their intended use was to combat the constipating effects of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 as prescribed on 6/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2009 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as the MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, there were no urine toxicology reports or opiate contracts provided for review. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

Colace sodium 100 mg #60 with 6 refills as prescribed on 6/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Initiating Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate).

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. In the present case, Colace cannot be approved because the request for Norco was not certified. Therefore, the request for Colace sodium 100 mg #60 is not medically necessary.