

Case Number:	CM14-0094092		
Date Assigned:	07/25/2014	Date of Injury:	09/05/2000
Decision Date:	10/14/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 patient sustained an injury on 9/5/2000 while employed by [REDACTED]. Request(s) under consideration include APAP/Codeine 400/60 #180 and Docusate sodium 100mg #60. Diagnoses include Lumbar spine spondylosis with disc herniation; right lower extremity radiculopathy s/p lumbar fusion of L4-5 on 12/17/12. Conservative care has included medications, therapy, and modified activities/rest. Medications list Tylenol with codeine and Docusate. Report of 12/13/13 from the provider noted the patient with constant low back pain with right lower extremity swelling, numbness, tingling and weakness stable on Tylenol #4, Ambien, and Colace. Exam showed limited flexion lacking 24" from fingertio to floor, extension of 10 degrees with tenderness and spasm over paravertebral musculature; decreased motor strength for right ankle and decreased sensation diffusely in right lower extremity with decreased right ankle reflexes. Treatment included continued medications and lumbar brace. Report of 4/11/14 from the provider noted the patient with unchanged ongoing chronic low back pain radiating into the lower extremities with associated numbness and tingling. Exam was unchanged and showed limited range with lumbar flexion 24" from floor; ext of 10 degrees; tenderness and spasm over paravertebral musculature. The request(s) for APAP/Codeine 400/60 #180 was modified for #90 for weaning and Docusate sodium 100mg #60 were non-certified on 5/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 400/60 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This patient sustained an injury on 9/5/2000 while employed by [REDACTED]. Request(s) under consideration include APAP/Codeine 400/60 #180 and Docusate sodium 100mg #60. Diagnoses include Lumbar spine spondylosis with disc herniation; right lower extremity radiculopathy s/p lumbar fusion of L4-5 on 12/17/12. Conservative care has included medications, therapy, and modified activities/rest. Medications list Tylenol with codeine and Docusate. Report of 12/13/13 from the provider noted the patient with constant low back pain with right lower extremity swelling, numbness, tingling and weakness stable on Tylenol #4, Ambien, and Colace. Exam showed limited flexion lacking 24" from fingertio to floor, extension of 10 degrees with tenderness and spasm over paravertebral musculature; decreased motor strength for right ankle and decreased sensation diffusely in right lower extremity with decreased right ankle reflexes. Treatment included continued medications and lumbar brace. Report of 4/11/14 from the provider noted the patient with unchanged ongoing chronic low back pain radiating into the lower extremities with associated numbness and tingling. Exam was unchanged and showed limited range with lumbar flexion 24" from floor; ext of 10 degrees; tenderness and spasm over paravertebral musculature. The request(s) for APAP/Codeine 400/60 #180 was modified for #90 for weaning and Docusate sodium 100mg #60 was non-certified on 5/16/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The APAP/Codeine 400/60 #180 is not medically necessary and appropriate.

Docusate sodium 100mg #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-Initiating Therapy and Long-term users of Opioids, Page(s): 77 & 88.

Decision rationale: This patient sustained an injury on 9/5/2000 while employed by [REDACTED] [REDACTED]. Request(s) under consideration include APAP/Codeine 400/60 #180 and Docusate sodium 100mg #60. Diagnoses include Lumbar spine spondylosis with disc herniation; right lower extremity radiculopathy s/p lumbar fusion of L4-5 on 12/17/12. Conservative care has included medications, therapy, and modified activities/rest. Medications list Tylenol with codeine and Docusate. Report of 12/13/13 from the provider noted the patient with constant low back pain with right lower extremity swelling, numbness, tingling and weakness stable on Tylenol #4, Ambien, and Colace. Exam showed limited flexion lacking 24" from fingertio to floor, extension of 10 degrees with tenderness and spasm over paravertebral musculature; decreased motor strength for right ankle and decreased sensation diffusely in right lower extremity with decreased right ankle reflexes. Treatment included continued medications and lumbar brace. Report of 4/11/14 from the provider noted the patient with unchanged ongoing chronic low back pain radiating into the lower extremities with associated numbness and tingling. Exam was unchanged and showed limited range with lumbar flexion 24" from floor; ext of 10 degrees; tenderness and spasm over paravertebral musculature. The request(s) for APAP/Codeine 400/60 #180 was modified for #90 for weaning and Docusate sodium 100mg #60 was non-certified on 5/16/14. Docusate Sodium is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic 2000 injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication. The Docusate sodium 100mg #60 is not medically necessary and appropriate.