

Case Number:	CM14-0214615		
Date Assigned:	01/07/2015	Date of Injury:	10/30/1989
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, California

Certification(s)/Specialty: Family Practice

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 75 year old patient who sustained a work related injury on 10/30/1989. The exact mechanism of injury was not specified in the records provided. The current diagnoses include low back pain and lumbar disc degenerative disease and cervicalgia. Per the doctor's note dated 12/4/14, patient has complaints of low back pain at 4-7/10 and constipation with norco. Physical examination revealed limited range of motion, tenderness on palpation and negative SLR. The current medication lists include Norco and Colace. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. He has had a urine drug toxicology report on 3/4/14 that was consistent.

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 for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s).

Decision rationale: Request: Norco 10/325mg #120Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, “A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.” The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: “The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120is not established for this patient.

Colace sodium 100mg #30 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex, FDA labeled indication for Docusate sodium, Constipation care

Decision rationale: Colace sodium 100mg #30 x 1 refill. Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex FDA labeled indication for Docusate sodium. Constipation care c) After a professional and thorough review of the documents, my analysis is that the above listed issue: not medically necessary. d) My rationale for why the requested treatment/service is or is not medically necessary: ACOEM/CA MTUS do not address this request. Colace contains Docusate sodium. According to the Thompson Micromedex FDA labeled indication for Colace includes “constipation care.” A detailed history related to constipation is not specified in the records provided . A detailed recent abdominal exam is not specified in the records provided. Whether the pt continues to have constipation when not taking

the norco is not specified in the records provided. Therefore, the medical necessity of Colace 100mg one cap po BID #10 is not fully established in this patient at this time.