

Case Number:	CM15-0015307		
Date Assigned:	02/03/2015	Date of Injury:	07/10/2007
Decision Date:	03/19/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male who sustained an industrial injury on July 10, 2007. There was no mechanism of injury documented. The injured worker was diagnosed with cervicgia, cervical and lumbosacral spondylosis without myelopathy and post-concussion syndrome. According to the primary treating physician's progress report on Jan 12, 2015 the injured worker continues to experience ongoing headaches, neck and lumbar spine pain with radiation to both legs. There was decreased range of motion of the lumbar spine and positive straight leg raise. The injured worker ambulates with an antalgic gait and uses a cane. Current medications are listed Cymbalta, Norco, Naprosyn and Lidoderm Patches. Current treatment modalities were not listed. The treating physician requested authorization for Norco 10/325mg #120 and Unknown prescription of Metamucil. On January 23, 2015 the Utilization Review denied certification for Norco 10/325mg #120 and the prescription for Metamucil. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic radiation spine pain. Medications include Norco at a total MED (morphine equivalent dose) of 40 mg per day. The requesting provider documents opioid induced constipation responsive to over the counter medications. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Unknown prescription of metamucil: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Opioid-induced constipation treatment

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic radiation spine pain. Medications include Norco at a total MED (morphine equivalent dose) of 40 mg per day. The requesting provider documents opioid induced constipation responsive to over the counter medications. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant has constipation due to opioids and therefore, metamucil was medically necessary.