

Case Number:	CM15-0017673		
Date Assigned:	02/05/2015	Date of Injury:	08/30/1989
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male, who sustained an industrial injury on 08/30/1989. On provider visit dated 08/18/2014 the injured worker has reported back pain radiating from the low back down left leg and a lower backache. On examination he was noted to have a decreased range of motion of lumbar spine due to pain, tenderness and spasm was noted on palpation of paravertebral muscles as well. The diagnoses have included lumbar radiculopathy, disc disorder lumbar, lumbar fact syndrome and lumbar paraspinals spasm. Treatment to date has included medications. On 01/13/2015 Utilization Review non-certified one prescription of Docusate sodium 250 mg #60 and one prescription of Norco 10/325 mg #60. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Docusate sodium 250 mg, sixty count: Overturned

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

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

Decision rationale: The patient presents with low back pain. The current request is for One prescription of Dosusate Sodium 250 mg, sixty count. The treating physician states: Complains of mild constipation and would like stool softener. (49B) The MTUS guidelines regarding opioid usage state Prophylactic treatment of constipation should be initiated. In this case, the treating physician has documented that the patient is experiencing constipation while on opioids and MTUS guidelines recommended treatment for this. The current request is medically necessary and the recommendation is for authorization.

One prescription of Norco 10/325 mg, sixty count: Overturned

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

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

Decision rationale: The patient presents with low back pain. The current request is for One prescription of Norco 10/325 mg, sixty count. The treating physician states: The patient states that medications are working well. No side effects reported. With meds, pain is more tolerable and he is able to do light gardening and cleaning tasks around the house. With meds, he is more functional. He is independent with ADLs. (39B) The treating physician also stated that the patient rates their pain as a 3/10 with medications and 6/10 without medications. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has had a reduction of pain since taking Norco, is able to perform ADLs, and has not had any aberrant behaviors or side effects. The current request is medically necessary and the recommendation is for authorization.