

<b>Case Number:</b>	CM15-0114339		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/06/2000
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 49 year old male, who sustained an industrial injury on 5/6/00. The injured worker was diagnosed as having quadriplegia, back and hip pain, left foot drop and neurogenic bladder. Treatment to date has included oral medications including Norco, Macroductin, Baclofen and Dulcolax suppositories, cane for ambulation, AFO brace and activity restrictions. Currently, the injured worker complains of left leg and back pain rated 8/10 without medications and 3/10 with medications. He notes with medications he is able to perform activities of daily living. Work status is not documented. Objective findings include not able to ambulate without medications and Macroductin working well to prevent urinary tract infections. A request for authorization was submitted for Norco 10/325mg #240, Dulcolax suppositories #30, Catheter supplies and Macroductin 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #260:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.

**Dulcolax #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standards Practice Task Force of the American Society of Colon and Rectal Surgeons. Practice parameters for the management of anal fissures. Dis Colon Rectum.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date : Management of chronic constipation in adults.

**Decision rationale:** Dulcolax is used for the short-term treatment of constipation. In this injured worker, it is not documented whether the treatment is for opioid-related constipation or another cause. The review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the dulcolax. Therefore the request is not medically necessary.

**Macrochantin 50mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre. Urinary incontinence in neurological disease. Management of lower urinary tract dysfunction in neurological disease. London (UK): National Institute for Health and Clinical Excellence (NICE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up to date: nitrofurantoin drug information.

**Decision rationale:** This worker is prescribed macrochantin or nitrofurantoin as a means of preventing urinary tract infections. Chronic suppressive antibiotic use can lead to bacterial resistance. Additionally, the MD visit fails to document any discussion or review of side effects specifically related to the macrochantin which can be acute or chronic pulmonary reactions including interstitial pneumonitis or pulmonary fibrosis. The medical necessity for macrochantin is not substantiated in the records. Therefore the request is not medically necessary.