MAXIMUS Federal Services

Case Number:	CM15-0121342		
Date Assigned:	07/02/2015	Date of Injury:	10/03/2014
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old Gallagher Bassett Services, Incorporated beneficiary who has filed a claim for chronic neck pain, and posttraumatic headaches reportedly associated with an industrial injury of October 3, 2014.In a Utilization Review report dated June 5, 2015, the claims administrator partially approved requests for Norco and docusate sodium (Colace). Senna was also partially approved. The applicant and/or applicant's attorney subsequently appealed. The IMR application of June 23, 2015, however, was seemingly truncated as a result of repetitive photocopying and faxing and suggesting that only Norco and docusate sodium (Colace) were being appealed. On June 5, 2015, the applicant reported ongoing complaints of irritability, anxiety, and difficulty concentrating, reportedly attributed to post concussion syndrome and/or adjustment disorder. The applicant reported issues with easy fatigability. The applicant received 12 sessions of physical therapy. The applicant's medications included Norco, Norvasc, Zestoretic, and Tenormin, it was reported. 5/10 pain with Norco versus 8/10 pain without Norco was reported. The applicant was placed off work, on total disability. The applicant was using three to four tablets of Norco daily, it was stated toward the bottom of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, on total disability, as of the date in question, June 5, 2015. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 5/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

DSS Sodium 250mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Conversely, the request for docusate sodium (DSS) or Colace, a stool softener/laxative, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioid. Here, the applicant was, in fact, using Norco, an opioid agent. Concomitant provision of docusate sodium (DSS), a laxative agent/stool softener, was, thus, indicated in conjunction with Norco usage. Therefore, the request was medically necessary.