MAXIMUS Federal Services

Case Number:	CM15-0122010		
Date Assigned:	07/06/2015	Date of Injury:	09/19/2006
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/24/2015

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 Jersey
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:

The injured worker is a 60 year old male, who sustained an industrial injury on 9/19/06. Initial diagnosis and symptoms experienced by the injured worker were not included. Treatment to date has included medication, surgical intervention, psychiatric care, urine drug screen, TENS unit, CT scan, home exercise program and physical therapy. Currently, the injured worker complains of low back pain radiating to the right lower extremity described as burning, numbness and tingling. His pain is rated at 4-5/10 with medication and 9+/10 without it. He reports an increased ability to engage in activities, perform household chores and maintain his independence with medication. He is currently diagnosed with post L4-L5 decompression and fusion, residual low back and right radicular pain, abdominal pain, GERD, opioid induced constipation, depression and anxiety and insomnia. His current work status is permanent and stationary. A note dated 2/26/15 states the injured worker's pain is reduced from 9/10 to 4-5/10 with medication and he able to increase his activity. He states without the medication he is unable to engage in activities of daily living, ambulate or sit for more than five minutes. A note dated 4/23/15 states the injured worker received benefit from the TENS unit, as it allowed him to decrease the amount of medication used to alleviate pain. The note also states the trial of Tylenol #3 was not as effective at managing the injured worker's pain as Norco. On examination the injured worker has active trigger points and myofascial type muscular bands in the lower back. The injured worker experiences numbness, tingling and shooting pain in the right leg that extends to the foot. A 5/21/15 note states the injured worker is able to engage in activities when

taking Norco. He is also taking Colace and increasing his fluid intake to help combat constipation. The injured worker trialed Senocot, but it caused stomach upset and he requested Colace. The following medications, Norco 5/325 #60 1 tablet twice a day (2 prescriptions for a 2 month supply) and Colace 100 mg #30 one tablet daily (2 prescription for a 2 month supply) are being requested to help combat the injured worker's pain and relieve constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, 1 tablet twice daily, #60 (2 prescriptions for a 2 month supply): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids AND Weaning of Medications, p. 78-96, 124.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Weaning opioids should include the following: complete evaluation of treatment, co-morbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. In the case of this worker, the provider is currently in the process of prescribing a wean onto lower doses of Norco (from 7.5 mg to 5 mg) which appeared to be tolerated enough for basic functioning with cane but still with persistent and significant low back pain on the lower dose. Continuing this dose for another two months as requested is reasonable, but should be followed by further reduction in dosing or frequency used in order to continue the wean. The request is medically necessary.

Colace 100mg, 1 tablet daily, #30 (2 prescriptions for a 2 month supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Opioids-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids p. 77. Decision based on Non-MTUS Citation ODG Pain section, Opioid-induced constipation

Treatment Medscape: Colace: (http://reference.medscape.com/drug/colace-dss-docusate-342012#0).

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Colace is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, although it is common to use Colace or other medication treatments for opioid-induced constipation, there was no record provided which showed clearly if first-line therapies were fully implemented before considering Colace or any other medications. Therefore, without evidence of using first-line therapies as listed above, the request for Colace will be considered medically unnecessary at this time.