

<b>Case Number:</b>	CM15-0170130		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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

Certification(s)/Specialty: Emergency 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 40 year old male, who sustained an industrial injury on December 23, 2009. He reported a low back injury. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, lumbar disc prolapse with radiculopathy, chronic pain syndrome, and lumbosacral radiculitis. Medical records (May 22, 2015 to July 17, 2015) indicate ongoing low back pain radiating to the bilateral lower extremities. Associated symptoms include weakness of the bilateral lower extremities, low back muscle spasms, and difficulty transferring out of bed. He walks with a walker, requires minimal assist with dressing and toileting, and requires maximal assist with bathing. The injured worker reported Norco-induced constipation. Records also indicate ongoing poor control of the injured worker's severe pain. The physical exam (May 22, 2015 to July 17, 2015) reveals ongoing depressed and flat affect, slow gait with walker, forward flexed body posture, grimacing and groaning pain, and lying down frequently. The treating physician noted that the Miralax was helping the injured worker's constipation. Treatment has included a seated walker, work restrictions, psychotherapy, and medications including antidepressant, anti-anxiety, stool softener, laxative (Miralax since at least April 2015), non-steroidal anti-inflammatory, anti-epilepsy, and (Norco since at least November 2014). The requested treatments included continuing Hydrocodone 10mg-Acetaminophen 325mg and Miralax. On July 28, 2015, the original utilization review non-certified requests for Hydrocodone 10mg-Acetaminophen 325mg #240 fill on July 20, 2015, Hydrocodone 10mg-Acetaminophen 325mg #240 fill on August 20, 2015, and Miralax 510gm jar #1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg-Acetaminophen 325mg #240 - fill on 07/20/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider documents no benefit from opioid therapy with any improvement in pain or function. Patient is noted to be taking up to 8 tablets a day. Multiple URs have recommended weaning and discontinuing opioids but provider has continued to prescribe it with no documentation of rationale. The lack of any benefit and lack of any plan does not support continued opioid prescription. Norco is not medically necessary.

**Hydrocodone 10mg Acetaminophen 325mg #240 - fills on 08/20/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider documents no benefit from opioid therapy with any improvement in pain or function. Patient is noted to be taking up to 8 tablets a day. Multiple URs have recommended weaning and discontinuing opioids but provider has continued to prescribe it with no documentation of rationale. The lack of any benefit and lack of any plan does not support continued opioid prescription. This predating of this prescription request is basically a refill request and is illegal as Norco is a schedule 2 drug. Norco is not medically necessary.

**Miralax 510gm jar #1: 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, (Online Version) Opioid induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Miralax is a laxative and stool softener used to treat constipation. As per MTUS Chronic Pain guidelines, an anti-constipation medication should be used prophylactically in patients chronically on opioids. Patient is chronically on Norco, an opioid but these prescriptions was denied by UR and this independent medical review. The prescription for Miralax is not medically necessary.