

Case Number:	CM15-0178698		
Date Assigned:	09/18/2015	Date of Injury:	06/25/1997
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 57 year old male who sustained an industrial injury on June 25, 1997. The injured worker was being treated for knee and back pain, chronic low back pain with left L5 (left lumbar 5) and S1 (sacral 1) radicular pain secondary to failed back surgery syndrome, chronic knee pain due to degenerative joint disease, and depression and anxiety due to pain. Medical records (March 17, 2015 to June 16, 2015) indicate ongoing low back with leg pain and right knee pain. The medical records show the subjective pain rating shows no significant improvement from 8-9 out of 10 on March 17, 2015 to 8 out of 10 on June 16, 2015. Current medications include pain (Norco) and a stool softener (Colace). The medical records (March 17, 2015 to June 16, 2015) show no change in the subjective activity rating 1 out of 5. The physical exam (March 17, 2015 to June 16, 2015) reveals an antalgic gait, depressed mood, tenderness to palpation of the lower lumbar paraspinal muscles, moderate tenderness to palpation of the of the left buttock, mild tenderness to palpation of the right knee joint with decreased swelling, decreased sensation in the left lower extremity, and limited lumbar range of motion. Per the treating physician (March 17, 2015 to June 16, 2015 reports), an MRI of the lumbar spine from September 18, 2014 revealed an unchanged hemangioma of the L2 (lumbar 2) vertebral body, discogenic changes at L4-5 (lumbar 4-5) unchanged with near complete loss of disc space, facet arthropathy, and body osteophyte and bulging disc at L5-S1 with bilateral foraminal stenosis, severe central canal and lateral recess stenosis at L3-4 (lumbar 3-4) with small central disc protrusion, and facet arthropathy unchanged. There are stable post op changes at L4-5 and unchanged bilateral foraminal stenosis and facet arthropathy. A recent urine drug test that

confirms compliance with Norco, signed opioid agreement, and risk assessment profile were not included in the provided medical records. Surgeries to date have included a lumbar laminectomy in 1998 and 2000, left total knee replacement in 2006, and right total knee replacement in 2013. Treatment has included physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, a home exercise program, and medications including short-acting pain (Norco since at least 2011), long-acting pain, muscle relaxant (Flexeril), anti-epilepsy (Neurontin), antidepressant (Cymbalta, trazadone, nortriptyline, Elavil), stool softener (Colace since at least November 2014), and non-steroidal anti-inflammatory (Motrin, Mobic). On August 20, 2015, the requested treatments included Norco 10/325 mg #70 and Colace 250 mg #60. On August 20, 2015, the original Utilization Review non-certified a request for Norco 10/325 mg #70 and Colace 250 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #70: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from September 9, 2015, included documentation of pain with medications and no significant adverse effects or aberrant behavior from Norco; however, the notes did not include documentation of the pain without medication, pain contract on file, recent history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living. In addition, his pain has remained at 7-8/10 on the visual analog scale despite taking Norco. Appropriate follow-up has been performed, weaning of opioids has been addressed by the treating provider, and should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Norco 10/325 mg #70 is not medically necessary and appropriate for ongoing pain management.

Colace 250 mg: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: Per the cited CA MTUS, prophylactic treatment of constipation should be initiated as soon as opioids are begun. The ODG further states that prophylactic treatment of constipation should be initiated and that opioid-induced constipation is a common adverse effect of long-term opioid use. Primary treatment includes increasing physical activity, maintaining appropriate hydration, and following a diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility to relieve constipation. Based on the available medical records, the injured worker has been on Colace, which is a stool softener, while taking the opioid Norco. It would appear reasonable to maintain effective constipation prophylactic treatment while continuing opioid medications; however, Norco is not medically necessary. Thus, the request for Colace 250 mg #60 is not medically necessary and appropriate.