

Case Number:	CM15-0178699		
Date Assigned:	09/21/2015	Date of Injury:	02/16/2007
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 2-16-2007. The injured worker was diagnosed as having neck pain, pain in thoracic spine, pain in forearm joint, pain in lower leg joint, cervicobrachial syndrome, and disorders of sacrum. Her past medical history included reported depression, diabetes, high blood pressure, and hyperlipidemia. Treatment to date has included diagnostics, physical therapy, functional restoration program, and medications. Currently (8-05-2015), the injured worker complains of bilateral knee pain, hip pain, bilateral shoulder pain, and low back pain. Pain was not rated. She reported that benefit from a past hip injection was gone and reported that knee pain was worse when walking up or down stairs or taking the bus. She reported that her hips hurt when getting up from a seated position and she was unable to walk for 1 block due to unbearable pain. She was unable to cook or do many things with her hands and was tearful, stating she was unable to do many things that she was able to do previously. She was awaiting an appointment for psychiatric evaluation. Electromyogram of the bilateral upper extremities (7-14-2014) showed "normal electrodiagnostic study (EMG-NCS)" and x-rays of her bilateral knees showed "no pathology" per documentation. Lumbar magnetic resonance imaging was documented to show "facet arthropathy". She reported that Diclofenac and Ketamine cream helped calm her pain. Other medications included Glucosamine, Docusate, Gabapentin, Celexa, Lorazepam, Risperidone, Cozaar, Metformin, Glipizide, Hydrochlorothiazide, and Hydrocodone. She denied gastrointestinal symptoms. Objective findings included an antalgic gait, no edema or tenderness palpated in any extremity, and normal muscle tone without atrophy in all extremities. Her work status was permanent and

stationary. The use of Hydrocodone, Glucosamine, and Docusate was noted since at least 1-13-2015, at which time physical examination was unchanged. A progress report (6-17-2015) noted Hydrocodone use up to once a day (30% pain decrease and functional benefit), with resultant constipation, relieved by Docusate. The treatment plan included Doc-Q-Lace 100mg #60, Glucosamine-Chondroitin DBL STR #120 with 3 refills, and Hydrocodone-APAP 5-325mg #30, non-certified by Utilization Review on 8-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doc-Q-Lace 100mg quantity 60: 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): Medications for chronic pain, Opioids for chronic pain.

Decision rationale: Doc-Q-Lace (Colace) is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic 2007 P&S injury; however, reports have no notation regarding any clinical findings related to GI side effects. Docusate Sodium (Colace) may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication as chronic opioid use is not supported. The Doc-Q-Lace 100mg quantity 60 is not medically necessary or appropriate.

Glucosamine/Chondroitin DBL STR quantity 120 with three refills: 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): Glucosamine (and Chondroitin Sulfate).

Decision rationale: Review indicates X-rays of bilateral knees showed "no pathology." Studies on the benefits of Synovacin (glucosamine) are limited and neither the safety nor the efficacy has been adequately documented in terms of evidence based medicine standards. Although MTUS recommends glucosamine sulphate as an option for moderate knee osteoarthritis, submitted reports have failed to demonstrate any symptoms, clinical findings or diagnosis for arthritis to support its use. The Glucosamine/Chondroitin DBL STR quantity 120 with three refills is not medically necessary or appropriate.

Hydrocodone Acetaminophen 5-325mg quantity 30: 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, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: Review indicates the patient continues to treat for chronic unchanged pain symptoms s/p functional restoration program for this P&S 2007 injury. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone Acetaminophen 5-325mg quantity 30 is not medically necessary or appropriate.