

Case Number:	CM15-0027690		
Date Assigned:	02/20/2015	Date of Injury:	09/29/1998
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/16/2015

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, Pain Management

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 67 year old male, who sustained an industrial injury on 9/29/1998. On 2/16/15, the injured worker submitted an application for IMR for review of Norco 10/325mg quantity 180, and Doc-Q Lax 8.6/50mg quantity 120 with 4 refills. The treating provider has reported the injured worker complained of chronic low back pain that radiates to the right leg with current treatment that consists of primarily medications. The diagnoses have included scaroliitis, degenerative disc disorder Thoracic and Lumbar disease, and myalgia/myositis, HNP Lumbar, Radiculopathy Thoracic or Lumbosacral NEC. Treatment to date has included primarily medication refills for pain management, but it is noted: CT Lumbar Spine 96/11/13) (2/19/14). The provider reported pain is 8/10 without medication and 4/10 with medication. The patient reportedly can do simple chores and minimal activities outside of the home two days per week with medication, but without medication, he is unable to get up and get dressed. Patient was noted to be at low risk for aberrant behavior with no side effects reported other than constipation, for which the other medication is very helpful. On 2/5/15 Utilization Review non-certified Norco 10/325mg quantity 180, and Doc-Q Lax 8.6/50mg quantity 120 with 4 refills. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180: Overturned

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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and reduced NRS). There are no aberrant behaviors noted and the patient is identified as low risk. The only side effect is constipation, which is well controlled with other medication. In light of the above, the currently requested Norco is medically necessary.

Doc-Q Lax 8.6/50mg quantity 120 with 4 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Doc-Q-Lax, California Pain Medical Treatment Guidelines note that prophylaxis of constipation is supported for patients undergoing chronic opioid therapy. Within the documentation available for review, the provider notes that the patient's constipation from opioids is well controlled with the use of the medication. In light of the above, the currently requested Doc-Q-Lax is medically necessary.