

Case Number:	CM15-0073069		
Date Assigned:	04/23/2015	Date of Injury:	04/17/2014
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old female sustained an industrial injury on 4/17/14. She subsequently reported injuries after a trip and fall resulting in a loss of consciousness. Diagnoses include cervical disc disease. Treatments to date have included x-ray, MRI and nerve conduction studies, injections, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience neck, low back, left shoulder, right knee and right arm pain as well as headaches. A request for Norco, Fenoprofen and Docusate Sodium medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 DOS: 03/31/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old female has complained of neck pain, low back pain and right arm pain since date of injury 4/17/14. She has been treated with physical therapy, injections, acupuncture and medications to include opioids since at least 10/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Fenoprofen (Nalfon) 400mg #90 DOS: 03/31/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 49 year old female has complained of neck pain, low back pain and right arm pain since date of injury 4/17/14. She has been treated with physical therapy, injections, acupuncture and medications to include NSAIDS since at least 10/2014. The current request is for Fenoprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Fenoprofen is not indicated as medically necessary in this patient.

Docusate Sodium (Colace) 100mg #60 DOS: 03/31/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary Online Version last updated 03/23/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/colace.

Decision rationale: This 49 year old female has complained of neck pain, low back pain and right arm pain since date of injury 4/17/14. She has been treated with physical therapy, injections, acupuncture There is no documentation in the available medical records that constipation has been a significant problem and medications. The current request is for Colace. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Colace. On the basis of this lack of documentation, Colace is not indicated as medically necessary.