

<b>Case Number:</b>	CM15-0074363		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/15/2009
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 27-year-old male, who sustained an industrial injury on June 15, 2009, incurring low back injuries. He was diagnosed with lumbar disc herniation and a lumbosacral disc protrusion. Treatment included heat wrap, pain medications, and rest. Currently, the injured worker complained of low back pain and lumbar muscle spasms, constipation and heartburn. The treatment plan that was requested for authorization included prescriptions for Hydrocodone, Docusate Sodium, Senna and Norco. A progress report dated March 23, 2015 states that he uses Norco on an as needed basis, denies side effects, and states that the medications provide functional benefit including allowing him to work full-time. The note indicates that a prescription is given for hydrocodone/acetaminophen 10-325 and Norco 10-325. The note indicates that medications provide ongoing pain relief and functional benefit. The note clarifies that one prescription is for a full month, and a 2nd is for a 15-day supply to cover the patient for 6 weeks at which point he will return to clinic. A progress report dated February 10, 2015 indicates that the patient complains of constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone APAP 10/325mg, #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Hydrocodone APAP 10/325mg, #90, 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 with no side effects or reports of aberrant use. In light of the above, the currently requested Hydrocodone APAP 10/325mg, #90 is medically necessary.

**Docusate Sodium 100mg, #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** Regarding the request for Docusate Sodium 100mg, #60, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are recent subjective complaints of constipation. As such, the currently requested Docusate Sodium 100mg, #60 is medically necessary.

**Senna 8.6mg, #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** Regarding the request for Senna, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review,

there are recent subjective complaints of constipation. As such, the currently requested Senna is medically necessary.

**Norco 10/325mg, #45:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco 10/325mg, #45, 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 with no side effects or reports of aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Norco 10/325mg, #45 is medically necessary.