

<b>Case Number:</b>	CM15-0091873		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	02/18/2008
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Hawaii  
 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 70-year-old male, who sustained an industrial injury on 2/18/08. He reported low back pain after slipping in the mud. The injured worker was diagnosed as having lumbar sprain/strain, chronic pain syndrome, lumbosacral or thoracic neuritis or radiculitis and lower back pain. Treatment to date has included lumbar fusion, physical therapy, right knee surgery, home exercise program, aqua therapy, TENS unit and oral medications including opioids. Currently, the injured worker complains of low back pain, right sided leg pain with numbness, and radiation rated 10/10. Physical exam noted antalgic gait, painful range of motion in back and leg and tenderness to palpation in lumbar area with stiffness in the SI joint and paraspinals, gluts, hamstrings and calf. The treatment plan included refilling of Norco and Gabapentin, trial of Docusate, continuation of home exercise program, TENS unit and aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with lower back pain with numbness and tingling in the right lower extremity. The current request is for Norco 10/325mg #60. The treating physician report dated 4/2/15 (407b) states, Subjective Complaints: Pain level 6, medications help with pain about 30-40% and keep his functionality. No SE of medications, Refill Norco, no aberrant behavior noted, Reviewed CURES no suspicious activity noted. The patient has been prescribed Norco since at least 6/26/13. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Chronic Pain Medical Treatment Guidelines also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient has been prescribed long-term opiates and the treating physician has documented that the patient has decreased pain by 30-40%, improved ability to perform ADLs and function, there are no side effects noted from the medication other than constipation and there are no aberrant behaviors noted as a result of Norco usage. The current request is medically necessary and the recommendation is for authorization.

**Docusate 100mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The patient presents with lower back pain with numbness and tingling in the right lower extremity. The current request is for Docusate 100mg #60. The treating physician report dated 4/2/15 (407b) states, Trial- Docusate 100mg, 1 po qd prn due to constipation from Norco 10/325. Advised him to regular fluid intake, fruit/vegetable/fiber intake regularly. The Chronic Pain Medical Treatment Guidelines state that for constipation due to opioid use, prophylactic treatment of constipation should be initiated. The records reviewed show that the patient has been prescribed Norco, which is helping the patient function, and decrease pain levels. The patient has been stable on opioids and the treating physician has now documented that the patient has constipation and requires Docusate. MTUS states prophylactic treatment of constipation is recommended. The current request is medically necessary and the recommendation is for authorization.