

Case Number:	CM15-0097736		
Date Assigned:	05/28/2015	Date of Injury:	02/26/2013
Decision Date:	07/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/20/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 29-year-old male who sustained a work related injury February 26, 2013, when he was pinned between a car and a company truck. He was initially seen in the emergency department and diagnosed with a pelvic contusion. He was treated with physical therapy, chiropractic therapy, as well as medication. An MRI of the lumbar spine, dated July 15, 2013, revealed multilevel degenerative changes, disc protrusions; central disc protrusion at L5-S1 with an annular tear abutting the traversing left S1 nerve root. Past history included lumbar laminectomy 5/21/2014. According to a primary treating physician's progress report, dated April 10, 2015, the injured worker presented as a follow-up with complaints of increased stabbing low back pain with aching in the buttocks, rated 7-8/10 with medication and 10/10 without medication. He also reports still having some feeling of urinary urgency with episodes of inability to hold urine and leaking and difficulty maintaining an erection. He wears a torso brace. Lumbar spine examination revealed; strength is grossly 4+/5 on all planes with pain, sensation absent in bilateral lower extremities to light and sharp touch, straight leg raise is negative. Impression is documented as chronic pain syndrome; lumbar degenerative disc disease; lumbar facet pain/stenosis/radiculopathy; numbness. At issue, is the request for authorization for Colace and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The treating physician notes that patient feels he is doing better with medications but there is no objective evidence provided. Additionally, opioids are only recommended for chronic neuropathic pain following failure of first line therapies (anticonvulsants and anti-depressants). The IW is still taking both classes of medication and the treating physician notes good effect not failure. The prior UR recommends modification, presumably for weaning which would be appropriate. As such, the request for Norco 325/10mg is deemed not medically necessary.

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives. The treating physician does not provide the current indication for this medication, prophylaxis is not indicated. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. As such, the request for Colace 100mg #60 is deemed not medically necessary.