

<b>Case Number:</b>	CM13-0050179		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old male who reported an injury on 02/02/2010. The patient was noted to have an increased pain level that interfered with sleep and concentration as well as mood. The patient's medications were noted to include trazodone, Colace and Senokot. The request was made for a refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Docusate 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** Per California MTUS when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, this medication is being concurrently reviewed with Senokot. There was a lack of documentation indicating the necessity for both medications. Given the above, the request for 60 docusate 100 mg is not medically necessary.

**30 Trazadone HCL 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

**Decision rationale:** The California MTUS Guidelines indicate that antidepressants are used for chronic pain and are recommended as a first-line option for neuropathic pain and as a possibility for nonneuropathic pain if accompanied by insomnia, anxiety or depression. The clinical documentation submitted for review indicated that the patient had complaints of an exacerbation of sleep problems and that the patient's quality of sleep was poor. Subsequent documentation indicated that the patient was able to sleep 6-8 hours with the medication and this was the indication to prescribe the medication again. Given the above, the request for 30 trazodone HCl 50 mg is medically necessary.

**60 Senna S 8.6-50mg:** Upheld

**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 Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** Per California MTUS when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, this medication is being concurrently reviewed with docusate. There was a lack of documentation indicating the necessity for both medications. Given the above, the request for 60 senna S 8.6/50 mg is not medically necessary.