

Case Number:	CM13-0072409		
Date Assigned:	01/08/2014	Date of Injury:	09/15/2008
Decision Date:	09/08/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/31/2013

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. The expert reviewer is Board Certified in American Board of Family Practice and is licensed to practice in California. 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/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:

This is a 28 year old male claimant sustained a work injury on 9/15/08 involving the low back and legs. She was diagnosed with cervical radiculopathy, shoulder pain, bilateral elbow pain, lumbar radiculopathy and chronic regional pain syndrome. She had been on Hydrocodone and Naproxen since at least May 2013. She had been on Senokot since June 2013 to reduce risk of constipation on opioids. A progress note on October 17, 2013, indicated the claimant had 6/10 pain while on medications. Physical findings were notable for a antalgic gait, painful range of motion of the lumbar spine, and cervical spine tenderness. No gastrointestinal complaints were made at the time. The treating physician recommended Butrans patches, Miralax powder for two weeks, Gabapentin, Senokot and Hydrocodone. An examination a month later indicated no improvement in pain scores or function. The above medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENOKOT-S 50/8 6 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Non-steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be initiated with opioid use. Senokot is a stool softener. It had been used for over five months. There's no recent indication of constipation gastrointestinal complaints. It had been combined with another motility agent, Miralax. There's no indication as to the reason for using both at the same time. The continued use of Senokot- S 50/8 6 mg #60 is not medically necessary.

MIRALAX POWDER 17GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/miralax-poder-for-oral-solutions.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be initiated with opioid use. Miralax improves gastric motility and stool softening. There's no recent indication of constipation gastrointestinal complaints. It had been combined with another stool softener- Senokot. There's no indication as to the reason for using both at the same time. The use of Miralax powder 17gm is not medically necessary.

BUTRANS 10MCG PATCH #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans Page(s): 26-27.

Decision rationale: According to the MTUS guidelines, Buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. It is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is no mention of addiction or need for detoxification. It was being used with Hydrocodone. Butrans patch is therefore not medically necessary.

HYDROCODONE 10-325 MG #90: 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): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated at 1st line therapy for neuropathic pain,

and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for at least several months without significant improvement in pain or function over time. In addition, it was being used with Butrans patches. The continued use of Hydrocodone 10-325 mg #90 is not medically necessary.