

Case Number:	CM14-0008079		
Date Assigned:	02/07/2014	Date of Injury:	06/08/2012
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiologist has a subspecialty in Pain Management 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:

The patient is a 55-year-old male who has submitted a claim for neck sprain associated with an industrial injury date of June 8, 2012. The patient complains of bilateral arm, knee and feet pain, as well as neck and head pain. He has difficulty of sleeping due to pain which he rated as 6-8/10 with medication and 10/10 without medication. Pertinent physical examination findings were not made available. The patient was diagnosed with cervical sprain and strain, neck pain, cephalgia, myofascial syndrome, chronic pain related insomnia and tension headaches. Treatment plan includes requests for Norco, Anaprox and Elavil, which were recently certified. The patient has been on chronic opioid therapy noting intake of Norco as far back as March 2013. Treatment to date has included oral and topical analgesics, physical therapy and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR GAIA HERBS LAXATIVE FORMULA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines 2009 Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Complementary and Alternative Medicine

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Gaia herbs contain Senna, a laxative providing relief from constipation. In this case, patient has been on chronic opioid therapy, noted to take Norco as far back as March 2013. Prophylactic treatment for constipation is necessary and appropriate. However, the request did not specify the amount of medication to dispense. In addition, herbal formulations are considered alternative medicine. Alternative therapies are based on no common or consistent ideology, therapy of illness, or treatment. It is unclear why FDA-approved laxatives would be insufficient. Therefore, the request for 1 Prescription For Gaia Herbs Laxative Formula is not medically necessary.