

Case Number:	CM14-0021582		
Date Assigned:	02/24/2014	Date of Injury:	02/24/2012
Decision Date:	06/26/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic arm pain, chronic hand pain, and suspected chronic regional pain syndrome reportedly associated with an industrial injury. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and topical compounded drugs. In a Utilization Review Report of January 30, 2014, the claims administrator denied a request for Senna Lax, approved a request for Effexor, and denied a request for a Ketamine cream. The claims administrator's narrative commentary suggested that the Effexor was being approved, while Ketamine was being denied; however, the synopsis on the top of the report may have in fact suggested that both Effexor and Ketamine were approved. The applicant's attorney appealed. A clinical progress note of January 17, 2014, was notable for comments that applicant was apparently in the process of pursuing of trial of regular duty work. The applicant was placed back to regular duty work on trial basis. It was stated that the applicant was a construction worker and had weakness associated with the arm. The attending went on to appeal a decision to previously deny electrodiagnostic testing of the right arm. The applicant had some weakness about the hand and finger. The applicant is given diagnoses of anterior interosseous nerve injury about the pain, shoulder pain, and forearm pain. Diclofenac, Ultracet, Relafen, and Effexor were sought. The applicant was sent back to work without restrictions. In an earlier note of December 9, 2013, it was again stated that the applicant was intent on pursuing a trial of regular work. Electrodiagnostic testing of the upper extremities was sought. The applicant was sent back to work on a trial basis. Effexor was endorsed for neuropathic pain. The applicant was described as using Relafen, Protonix, Voltaren gel, capsaicin cream, lidocaine ointment, and Cymbalta. Ketamine cream, Senna Lax, Effexor, Relafen, and Protonix were prescribed. The

applicant was described as specifically denying constipation on the gastrointestinal review of systems section of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENNALAX-S TABLET 8.6-50MG, 1 TABLET EVERY 12 HOURS #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 77.

Decision rationale: While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does support prophylactic provision of laxatives in applicants in whom therapy with opioid has been initiated, in this case, however, the applicant does not appear to be using any opioids. Furthermore, the applicant was specifically described as denying issues with constipation on the December 9, 2013 office visit in question. No clear rationale for usage of Senna Lax was provided. Therefore, the request was/is not medically necessary.