

<b>Case Number:</b>	CM14-0066621		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 59-year-old male who sustained an injury on 03/28/01 when he fell approximately 20 feet from a telephone pole. The injured worker sustained multiple injuries to the spine, ankle, bowel and bladder, as well as neurological injuries. The injured worker did undergo a prior L3 vertebral corpectomy followed by lumbar fusion in 2004. The injured worker was also being followed from a psychological aspect due to concurrent depression and anxiety secondary to chronic pain. As of 02/25/14, the injured worker had continued difficulty with urination. The injured worker did have bowel movements daily but had to use suppositories between three and four times a week. The injured worker was utilizing Docusate 2 tablets twice daily at this evaluation. The injured worker was also utilizing Celebrex for ongoing low back pain as well as Gabapentin for neuropathic symptoms. On physical examination, there was noted decreased sensation to light touch in the upper and lower extremities. No motor weakness was identified. The injured worker was continued on medications to include Norco, Gabapentin, and Celebrex at this evaluation. The injured worker was recommended to continue with Colace twice daily as well as the use of a suppository for neurogenic bowel issues. As of 02/20/14, the injured worker was continuing to utilize multiple medications to include Hydrocodone, Lidoderm 5% patches, Senokot, Zolpidem, and Topamax. The injured worker did report up to 70% relief with medications on a good day but still did require breakthrough pain medications mostly in the morning. The injured worker did feel stable with his current medications at this evaluation. The injured worker had not resumed the use of any other anticonvulsant medications and had utilized Gabapentin for between 5 and 7 years. The injured worker was interested in pursuing a possible spinal cord stimulator trial. The injured worker was recommended to continue with Lidoderm 5% patches as well as Hydrocodone and Miralax at this evaluation. The requested 60 tablets of

Senna laxative 8.6mg, 1 container of Polyethylene Glycol, and 90 Lidocaine 5% pads were all denied by utilization review on 04/09/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 Tablets Senna Laxative 8.6mg: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Senna. (2013). In Physicians' Desk Reference 67th Ed.

**Decision rationale:** In regards to the use of Senna as a laxative 8.6mg, #60, this reviewer would have recommended this request as medically appropriate. The injured worker has been followed for ongoing neurogenic bowel issues following an incomplete spinal cord injury as a result of the fall that was sustained on 03/28/01. The injured worker is also utilizing Norco on a regular basis. A common complication from chronic narcotics use is the development of constipation. Given the injured worker's neurogenic bowel issues in combination with narcotics use, Senna as a laxative would be medically indicated and appropriate. Therefore, this reviewer would recommend this request as medically necessary.

#### **1 container of Polyethylene Glycol 3550 NF powder: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Miralax. (2013). In Physicians' desk reference 67th Ed.

**Decision rationale:** In regards to the use of Polyethylene Glycol 3550 NF powder 1 container, this reviewer would have recommended this request as medically appropriate. The injured worker has been followed for ongoing neurogenic bowel issues following an incomplete spinal cord injury as a result of the fall that was sustained on 03/28/01. The injured worker is also utilizing Norco on a regular basis. A common complication from chronic narcotics use is the development of constipation. Given the injured worker's neurogenic bowel issues in combination with narcotics use, Polyethylene Glycol as a laxative would be medically indicated and appropriate. Therefore, this reviewer would recommend this request as medically necessary.

#### **90 Lidocaine 5% Pads: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 54.

**Decision rationale:** In regards to the request for Lidocaine 5% pads, #90, this reviewer would have recommended this request as medically necessary. The injured worker had utilized Gabapentin on a long-term basis for neuropathic pain. This was switched to topical Lidocaine patches, which have provided the injured worker up to 70% improvement in overall symptomology. Given the failure of previous anticonvulsants as well as the efficacy documented with the ongoing use of Lidocaine patches, this reviewer would have recommended this request as medically necessary.