

Case Number:	CM14-0084186		
Date Assigned:	07/21/2014	Date of Injury:	09/25/2009
Decision Date:	08/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/05/2014

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 patient is a 52 year old male who was injured on 09/25/2009 while working for long hours seated for a long time when he experienced increasing pain in his low back while seated. Prior treatment history has included physical therapy and anti-inflammatory medications. His medications include Gabapentin, Tizanidine, Docusate Sulfate, Pepcid, Diclofenac, Senekot, and Nortriptyline. Progress note dated 04/02/2014 documented the patient with a history of low back and left lower extremity pain. The patient continues to have weakness and numbness and foot dropping of the left foot secondary to cauda equina syndrome. He continues to use a walker for ambulatory assistance. He states the Gabapentin is not working well and causes him drowsiness at higher doses. He has tried Lyrica with side effects. He rates his pain at 7/10. Objective findings reveal the range of motion of the lumbar spine is extremely limited in flexion, extension, lateral rotation and lateral bending. The patient is unable to heel and toe walk. He display increase lordotic curvature of the thoracic spine. Motor strength is 3.5 bilateral lower extremities. Sensation is diminished to light touch in the left lower extremity at the S1 dermatome. Assessment: lumbar disc with radiculitis, degeneration of lumbar disc and lumbar post laminectomy syndrome, acute left S1 and bilateral chronic radiculopathy, status post decompression, degenerative disc disease at the lumbar spine. Treatment: refill Gabapentin, Tizanidine, Docusate sulfate, Pepcid, Diclofenac, Senekot, and Nortriptyline. Utilization report dated 05/12/2014 denied the request for Senekot 8.6 mg #30 and Pep-cid 20 mg #60. The Senekot was not certified as there was no documentation stating the need for this medication. There were no signs or symptoms of constipation mentioned. The request for Pepcid was not certified because more documentation would be necessary to document the medical necessity justifying the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senoket 8.6 mg #60 x 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-induced Constipation Treatment Other Medical Treatment Guideline or Medical Evidence: http://www.medicinenet.com/sennosides_aandb-oral_tablet/article.htmwww.pdr.net.

Decision rationale: According to www.pdr.net, Senokot is a stimulant laxative indicated for occasional constipation. According to Official Disability Guidelines (ODG) guidelines, prophylaxis of constipation is indicated for patients taking opioids. However in this case the patient does not appear to be currently prescribed opioids. He has been prescribed Senokot and Colace for years. Medical records do not discuss current symptoms, response to treatment or rationale for long-term use. Medical necessity is not established.

Pepcid 20mg #60 x 5 Refills: 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 NSAIDs, GI Symptoms and Cardiovascular Risk, pages. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/pepcid-drug/indications-dosage.htm>.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, proton pump inhibitors (PPI) and H2-receptor antagonists may be indicated for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) at moderate to high-risk of gastrointestinal events. In this case the patient is prescribed Diclofenac on long-term basis for chronic low back pain. The patient has a documented history of remote gastritis and was advised against further NSAID use. While long-term NSAID use does not appear to be warranted in this patient, as long-term use is generally not recommended and records fail to demonstrate functional improvement from use of Diclofenac, Diclofenac was approved concurrent with the request for Pepcid. If the patient is taking an NSAID, a PPI or H2-receptor antagonist is warranted. Medical necessity is established.