

Case Number:	CM14-0190796		
Date Assigned:	11/24/2014	Date of Injury:	09/15/2008
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine and Rehabilitation 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 patient sustained an injury on 9/15/08 while employed by [REDACTED]. Request(s) under consideration include Voltaren 1% gel #3, 3 refills and Senokot 187 mg #60, 5 refills. Diagnoses include left elbow lateral epicondylitis; right index finger trigger finger; shoulder pain; and mood disorder. There is past history of Hypertension, Diabetes, and Thyroid disease. Medications list Voltaren gel, Docusate Sodium, Senokot, Norco, Celebrex, Flexeril, other prescriber for (Ativan, Metformin, Ambien, Valium, Trilipix, and Hydrochlorothiazide). EMG/NCV of 10/29/13, 4/26/11, and 4/7/09 were normal without evidence for radiculopathy or neuropathy. There is a UDS report of 10/23/13 with inconsistent result positive for ETOH and negative for prescribed Norco. The patient has been deemed permanent and stationary as of 7/17/13. The patient continues to treat for chronic ongoing symptom complaints. Exam of 10/22/14 showed bilateral elbows with full range of motion; positive Tinel's on right and tenderness at olecranon on left; Shoulders with limited flex/abd of 100 degrees with positive Hawkin's and Empty can testing; tenderness at AC joint and biceps groove, humerus, subdeltoid bursa; 5/5 motor strength in upper extremities; with decreased sensation over thumb, index, middle finger and right deltoid side. The request(s) for Voltaren 1% gel #3, 3 refills and Senokot 187 mg #60, 5 refills were non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 percent gel #3, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc.) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in 2008. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. The patient is also noted as being prescribed concurrent oral Celebrex, increasing the side effect risk profile. Recent report noted chronic pain symptoms with unchanged activity level. Clinical exam is without acute changes or report of flare-up for this chronic injury. The Voltaren 1% gel #3, 3 refills is not medically necessary and appropriate.

Senokot 187 mg #60, 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation, Online Edition, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids Page(s): 77; 88.

Decision rationale: Senokot is a laxative used to treat constipation caused by conditions such as slowing of the intestines (e.g., diabetic autonomic neuropathy), prolonged bed rest/hospitalization, use for constipated meds, or irritable bowel syndrome. Senokot is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, there are no demonstrated symptoms of constipation and no clinical findings related to GI side effects. Although chronic opioid use is not supported, Senokot may be provided for short-term relief as long-term opioid use is supported. It is not to be used for more than 7 days as long-term use (months to years) or use of higher-than-recommended doses may cause very serious health problems such as laxative dependence, persistent constipation, or loss of normal intestine function. However, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication with opiates not indicated for this 2008 injury. The Senokot 187 mg #60, 5 refills is not medically necessary and appropriate.