

<b>Case Number:</b>	CM15-0130321		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 was a 51-year-old female, who sustained an industrial injury, December 5, 2012. The injured worker previously received the following treatments epidural injection at the L3-L4, EMG/NCS (electro diagnostic studies and nerve conduction studies) of the lower extremities which showed L5 and S1 radiculopathy, lumbar spine MRI, TENS (transcutaneous electrical nerve stimulator) unit, functional restoration program, Nortriptyline, Morphine, Senokot and Colace. The injured worker was diagnosed with L5 and S1 radiculopathy, abnormal electrodiagnostic study of bilateral lower extremity, low back pain and hip pain, left hip trochanteric bursitis and lumbago. According to progress note of June 18, 2015, the injured worker's chief complaint was back pain. The injured worker rated the pain 7 out of 10 with medications and 10 out of 10 without pain medication. The treatment plan included prescriptions for Senokot, Nortriptyline, Omeprazole Morphine Sulfate and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot 187mg Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-induced constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non-opioid co-analgesic and PT. The chronic utilization of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse effects including constipation. There is documentation of significant adverse effect of constipation that required maintenance treatment with two medications. The guidelines recommend that non-medication measures such as increase in fluids and fiber intake be tried before utilization of stool softeners and laxatives. The continual utilization of morphine is non-certified therefore, criteria for the use of Senokot 187mg QTY 1 was not medically necessary.

**Nortriptyline Hcl 50mg Qty: 1.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of chronic pain syndrome and associated psychiatric disorders. The presence of untreated psychosomatic disorders is associated with decreased efficacy and compliance with pain treatment measures. The records indicate compliance and functional improvement with utilization of nortriptyline. The criteria for the use of nortriptyline HCL 50mg QTY 1 was medically necessary.

**Omeprazole 40mg Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal

complications. The records did not indicate that the patient was on chronic NSAIDs medications. There was no documentation of significant gastritis or gastrointestinal disease. The criteria for the use of omeprazole 40mg qty 1 were not medically necessary.

**Morphine Sulfate 15mg Qty: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non-opioid co-analgesic and PT. The chronic utilization of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records did not show that the patient failed treatment with NSAIDs and non-opioid co-analgesics. There is documentation of significant adverse effect of constipation that required maintenance treatment with two medications. The guidelines recommend that chronic pain patients with significant psychosomatic disorders including insomnia be treated with anticonvulsant and antidepressant co-analgesics. The criteria for the use of morphine sulfate 15mg QTY 1 were not medically necessary.

**Colace 100mg Qty: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non-opioid co-analgesic and PT. The chronic utilization of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse effects including constipation. There is documentation of significant adverse effect of constipation that required maintenance treatment with two medications. The guidelines recommend that non-medication measures such as increase in fluids and fiber intake be tried before utilization of stool softeners and laxatives. The continual utilization of morphine is non-certified therefore, criteria for the use of Colace 100mg QTY 1 was not medically necessary.