

<b>Case Number:</b>	CM15-0149877		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	10/25/2000
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 66 year old female with an industrial injury dated 10-25-2000. The injured worker's diagnoses include failed back syndrome of the lumbar, lumbar spine radiculopathy, general osteoarthritis involving multiple sites, lumbar spondylosis and fibromyalgia and myositis. Treatment consisted of diagnostic studies, prescribed medications, right knee surgery, caudal epidural steroid injection and periodic follow up visits. In a progress note dated 06-16-2015, the injured worker reported an exacerbation of low back pain into the tailbone. The injured worker also reported neuropathic pain in the right lower extremity with numbness in the leg and foot status post right knee surgery. The injured worker rated current pain a 7 out of 10. The injured worker reported greater than 50% pain relief with medications and that the medications allow her to perform activities of daily living. Objective findings revealed mild distress, moderate difficulty transferring from seating to standing position, and antalgic gait. The treatment plan consisted of medication management. The treating physician prescribed services for Norco 10-325mg, #90 with 1 refill, Neurontin 300mg, #30 with 1 refill, Paxil 20mg, #30 with 1 refill and Senokot-S 8.6-50mg, #90 with 1 refill, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids for chronic pain, Recommendations for general conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in function. There was documentation of three of the four A's of ongoing monitoring: pain relief, side effects, and aberrant drug-related behaviors. There were consistent urine drug screens but no drug contract documented. There are no clear plans for future weaning, or goal of care. Weaning was recommended. Because of these reasons, the request for Norco, as stated, is not considered medically unnecessary.

**Neurontin 300mg, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medications Page(s): 18-19.

**Decision rationale:** The request for Neurontin is not medically necessary. According to MTUS guidelines, there should be documentation of pain relief, improvement in function, and side effects experienced by the patient. Improvement in function and side effects were not documented so weaning had been recommended. There is not enough documentation to support enough benefit of Neurontin for continued use.

**Paxil 20mg, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 14-16.

**Decision rationale:** The request is considered not medically necessary. It is unclear if the patient is on Paxil at this point and what her response is. The patient has been described as having depression and chronic pain. But there was no objective documentation of increased functional capacity with the use of Paxil. It had been recommended that patient was weaned off Paxil. There are no progress notes describing psychological evaluation and her treatment. Therefore, Paxil will be considered not medically necessary at this time.

**Senokot-S 8.6-50mg, #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

**Decision rationale:** The request is considered not medically necessary. ODG guidelines were used as MTUS does not address Senokot use. Senokot is a stool softener. The patient has been on chronic opioid use which would lead us to infer that the patient is suffering from opioid-induced constipation. It was documented that the patient took senokot to go to the bathroom. However, since opioid will not be certified, Senokot will not be required. Therefore, the request is considered not medically necessary at this time.