

<b>Case Number:</b>	CM15-0162335		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old female, who sustained an industrial injury on 04-20-2014. On provider visit dated 08-03-2015 the injured worker has reported neck pain, lower back pain, left shoulder pain and right shoulder pain. On examination the cervical spine was restricted range of motion with pain noted on rotation and tenderness was noted on right side and at the trapezius. Cervical facet loading was positive on the right side. Lumbar range of motion was restricted and limited by pain. Lumbar facet loading was noted as positive on both sides. Right shoulder revealed a restricted range of motion and was noted to be lifted by pain. A positive Hawkins and Neer's test was noted. The diagnoses have included chronic pain syndrome. Treatment to date has included medication and injections. Senna was discontinued during this visit due to cramps. The injured worker was noted to be temporarily totally disabled. The provider requested retrospective usage of Lidopro Ointment #1 (DOS 8/3/15) and retrospective usage of Senna Laxative 8.6mg #100 (DOS 8/3/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective usage of Senna Laxative 8.6mg #100 (DOS 8/3/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

**Decision rationale:** Review indicates Senna was discontinued due to side effects of cramps. Senokot (Senna) 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 (Senna) 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 (Senna) 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 chronic February 2014 injury. The Retrospective usage of Senna Laxative 8.6mg #100 (DOS 8/3/15) is not medically necessary and appropriate.

**Retrospective usage of Lidopro Ointment #1 (DOS 8/3/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral medication. The Retrospective usage of Lidopro Ointment #1 (DOS 8/3/15) is not medically necessary and appropriate.

