

Case Number:	CM15-0164609		
Date Assigned:	09/02/2015	Date of Injury:	11/19/2001
Decision Date:	10/05/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 51 year old male who sustained an industrial injury on 11-19-01. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, and home exercise program. Diagnostic studies include a MRI of the right shoulder. Current complaints include chronic pain in the cervical and lumbar spines and right shoulder. Current diagnoses include cervical degenerative disc disease, right rotator cuff tear, lumbar post laminectomy L4-5 disc replacement, depressive disorder, and lumbar radiculitis. In a progress note dated 07-17-15 the treating provider reports the plan of care as a new MRI of the right shoulder, as well as medications including Cymbalta, Lorazepam, Senna-lax, Opana, tramadol, and Neurontin. The requested treatments include Lorazepam, Opana, and Senna-lax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorazepam 0.5 mg #30 with two refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are cervical DDD; rotator cuff tear right; lumbar post laminectomy L4-L5 disc replacement; depressive disorder NEC; and lumbar radiculitis bilateral L5/S1. Date of injury is November 19, 2001. Request for authorization is July 17, 2015. Subjectively, the injured worker has ongoing cervical spine and lumbar spine pain 4/10 with pain in the right shoulder. The documentation shows the injured worker has been on morphine sulfate and Senna as far back as 2013. The injured worker was prescribed tramadol. The Tramadol start date is not specified. According to a July 17, 2015 progress note, morphine sulfate was changed to Opana #4 months ago. Lorazepam has been prescribed for at least five years. The utilization review indicates the injured worker developed some confusion that required discontinuation of Opana. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There was no documented weaning of Opana in the medical record. There was no documentation of subjective or objective improvement of constipation warranting the continued use of Senna. Lorazepam is not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The treating provider prescribed Lorazepam in excess of five years. There are no compelling clinical facts to support its ongoing use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines continued Lorazepam in excess of five years (guideline recommendations not recommended for long term use) and no compelling clinical facts to support its use, Lorazepam 0.5 mg #30 with two refills is not medically necessary.

Opana ER 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana ER 15 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no

overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical DDD; rotator cuff tear right; lumbar post laminectomy L4-L5 disc replacement; depressive disorder NEC; and lumbar radiculitis bilateral L5/S1. Date of injury is November 19, 2001. Request for authorization is July 17, 2015. Subjectively, the injured worker has ongoing cervical spine and lumbar spine pain 4/10 with pain in the right shoulder. The documentation shows the injured worker has been on morphine sulfate and Senna as far back as 2013. The injured worker was prescribed tramadol. The Tramadol start date is not specified. According to a July 17, 2015 progress note, morphine sulfate was changed to Opana #4 months ago. Lorazepam has been prescribed for at least five years. The utilization review indicates the injured worker developed some confusion that required discontinuation of Opana. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There was no documented weaning of Opana in the medical record. There is no documentation demonstrating objective functional improvement to support Opana. Based on clinical information in the medical record; peer-reviewed evidence-based guidelines; no documentation demonstrating objective functional improvement; a clinical entry in the utilization review indicating confusion associated with opiate use and no documentation of Opana weaning shows that Opana ER 15 mg #60 is not medically necessary.

Senna-Lax 8.6mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <http://www.drugs.com/cdi/senokot.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/senokot.html>.

Decision rationale: Pursuant to Medline plus, Senna-Lax 8.6mg #90 with two refills is not medically necessary. Senokot is a stimulant laxative. It also is used to empty the bowels before surgery and certain medical procedures. Senna is in a class of medications called stimulant laxatives. In this case, the injured worker's working diagnoses are cervical DDD; rotator cuff tear right; lumbar post laminectomy L4-L5 disc replacement; depressive disorder NEC; and lumbar radiculitis bilateral L5/S1. Date of injury is November 19, 2001. Request for authorization is July 17, 2015. Subjectively, the injured worker has ongoing cervical spine and lumbar spine pain 4/10 with pain in the right shoulder. The documentation shows the injured worker has been on morphine sulfate and Senna as far back as 2013. The injured worker was prescribed tramadol. The Tramadol start date is not specified. According to a July 17, 2015 progress note, morphine sulfate was changed to Opana #4 months ago. Lorazepam has been prescribed for at least five years. There is no subjective or objective improvement documented with respect to constipation and Senna. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no subjective improvement in constipation and no documentation-demonstrating objective functional improvement with Senna, Senna-Lax 8.6mg #90 with two refills is not medically necessary.