

<b>Case Number:</b>	CM15-0184260		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 21, 2014. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for Senna and a urine drug screen. Dates of service of August 3, 2015 and September 1, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said September 1, 2015 office visit, the applicant reported multifocal complaints of neck, low back, and bilateral shoulder pain, 8/10 without medications versus 6/10 with medications. The applicant reported bloating with Senna, stated in section of the note. The applicant's medications included Ultracet, LidoPro, diclofenac, Protonix, and Senna, all of which were seemingly refilled. The attending provider stated, somewhat incongruously, that the applicant would discontinue Senna owing to cramps and begin Metamucil. The applicant was placed off of work, on total temporary disability. On August 3, 2015, the applicant reported ongoing complaints of low back pain. The applicant had received epidural steroid injection without any benefit, it was acknowledged. The applicant was placed off of work while multiple medications were renewed. Drug testing was performed, the results of which were not reported. It was not stated when the applicant was last drug tested.

## **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 (DOS 9-1-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

**Decision rationale:** No, the request for Senna, a laxative agent, was not medically necessary, medically appropriate, or indicated here. While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend the prophylactic initiation of treatment for constipation in applicants using opioids, as was seemingly the case here with the applicant using Ultracet, a synthetic opioid, for pain relief, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, portions of the attending provider's September 1, 2015 office visit stated that the applicant had developed cramps and/or bloating associated with Senna usage. It was not clearly stated why Senna was renewed in the face of the applicant's having developed what was characterized as intolerable adverse effects with the same. The attending provider himself stated in certain sections of the September 1, 2015 office visit that he had instructed the applicant to discontinue Senna owing to said side effects. It was not clear, ultimately, why Senna was renewed in the face of the applicant having developed what was characterized as intolerable adverse effects of the same. Therefore, the request was not medically necessary.

### **Retrospective review- Urine Drug Screen (DOS 8-3-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option in the chronic pain population to assess for the presence or absence of illegal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug topic, however, stipulates that an attending provider attach an applicant's complete medications list to the request for authorization of testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug test and/or drug panel he intends to test for, and attempt to

conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, it was not clearly stated when the applicant was last tested. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.