

Case Number:	CM15-0198439		
Date Assigned:	10/13/2015	Date of Injury:	10/15/2007
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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: 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 injured worker is a 47 year old female, who sustained an industrial injury on 10-15-07. Medical records indicate that the injured worker is undergoing treatment for carpal tunnel syndrome, lateral epicondylitis of the elbow, cervicgia, other affections of the shoulder-not otherwise classified, dysthymic disorder, myalgia and myositis unspecified, brachial neuritis or radiculitis and degeneration of cervical intervertebral disc. The injured worker was working full duty with modifications. On (8-24-15) the injured worker complained of neck and upper extremity pain. The pain was rated 7 out of 10 without medications and 4 out of 10 with medications on the visual analogue scale. The injured workers medications were noted to allow her to do some cooking and to work full time. Examination of the cervical spine showed no increased tone and a reduced range of motion in all planes. A Hoffman's sign was negative bilaterally. Tenderness to palpation was noted over the left lateral epicondyle. Tinel signs were positive in the bilateral wrists. No gastrointestinal symptoms were noted. Subsequent progress reports (7-22-15 and 6-24-15) indicate that the injured worker pain levels were consistent at 4 out of 10 on the visual analogue scale with medications. Treatment and evaluation to date has included medications, electrodiagnostic studies, acupuncture treatments, physical therapy, a steroid injection of the left lateral epicondyle, right carpal tunnel release, revision of a right carpal tunnel release, left carpal tunnel release, right shoulder arthroscopy, right epicondylitis debridement and left wrist tenosynovectomy. Current medications include Lyrica, Senna S (since at least May of 2015), Norco (since at least May of 2015), Effexor XR, Naproxen, Prilosec, Flexeril, Medrox EX, Ibuprofen and Etodolac. The request for authorization dated 8-25-15 includes requests for Norco 10-325 mg #120 and Senna S 8.6-50 mg #120 with

5 refills. The Utilization Review documentation dated 9-11-15 non-certified the requests for Norco 10-325 mg #120 and Senna S 8.6-50 mg #120 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna S 8.6/50mg #120, 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid Induced Constipation Treatment Section.

Decision rationale: The MTUS guidelines and the ODG address the use of laxatives in general. The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. In this case, the concurrent request for opioid medications is not supported; therefore, there is no indication for the use of a laxative. The request for Senna S 8.6/50mg #120, 5 refills is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Norco since May 2015 and there is documentation of pain relief and functional improvement to include a return to work. However, there is no indication that the injured worker is being assessed for compliance and/or aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 is not medically necessary.

