

Case Number:	CM15-0204909		
Date Assigned:	11/19/2015	Date of Injury:	05/06/2008
Decision Date:	12/31/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/19/2015

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: Florida

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:

This is a 49-year-old male with a date of industrial injury 5-6-2008. The medical records indicated the injured worker (IW) was treated for history of comminuted fracture, right scapula, with intractable shoulder pain; neuropathic component of burning pain in the right upper extremity; post-concussive headaches; and history of right rotator cuff tear with ongoing tendinopathy of the right shoulder. In the progress notes (8-18-15 and 9-8-15), the IW reported worsening right shoulder pain; he rated it 9 out of 10 on 8-18-15 and was given a steroid injection, which helped until his most recent visit. He was taking Lyrica (since at least 4-2015) at bedtime for burning pain in the shoulder girdle area and Senokot (since at least 4-2015) and Colace for constipation due to narcotic use. Other medications included Methadone, Norco, Baclofen and Lodine. On examination (9-8-15 notes), active range of motion of the cervical spine and right shoulder was very limited in all planes. There was positive impingement sign with crepitus on passive circumduction of the right shoulder. Motor strength, sensation and deep tendon reflexes were grossly intact in the upper extremities. Treatments included cortisone injection for the right shoulder, which reduced pain and increased function by about 50%; and medications and home exercise. Continuing treatment included his current medications, psychiatry for medication management, psychology for depressive symptoms and home exercise. The IW was not working. The notes stated the medications kept the IW functional, but were not more specific. A Request for Authorization dated 9-11-15 was received for Senokot #120 and Lyrica 300mg #60. The Utilization Review on 9-28-15 non-certified the request for Senokot #120 and Lyrica 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: MTUS guidelines state that, opioids cause significant side effects, which include poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Laxatives are a treatment option for laxative induced constipation, and stool softeners are a known preventative treatment option for those taking chronic opiates. Regarding this patient's case, this patient has a diagnosis of opiate induced constipation. Utilization review appropriately approved the request for Colace for the treatment of this patient's constipation. Senokot is another medication used to treat constipation, and two medications for the same indication are not considered medically necessary at this time. There is no documentation that this patient has failed Colace use. Likewise, this request is not considered medically necessary.

Lyrica 300mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." Regarding this patient's case, there is no objective evidence that this patient has neuropathy, diabetic neuropathy, or post-herpetic neuralgia. Likewise, this request is not considered medically necessary without further documentation being provided for review.