

Case Number:	CM15-0026338		
Date Assigned:	02/18/2015	Date of Injury:	09/25/2007
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/11/2015

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, California
 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 35 year old female patient, who sustained an industrial injury on 9/25/07. She has reported pain in the neck, wrists and shoulders related to cumulative trauma. The diagnoses have included chronic pain syndrome, carpal tunnel syndrome, ulnar lesion and depression. Per the PR2 dated 1/29/15, she had complaints of neck pain at 2/10 with radiation to the right shoulder. The physical examination revealed medial and lateral epicondyle tenderness, restricted range of motion of the cervical spine and shoulders, positive Tinel's and Phalen's test, decreased strength in bilateral biceps and triceps; decreased light touch sensation over right lateral forearm. The current medications list includes norco, pantoprazole, topiramate, wellbutrin, senna, lexapro and lidocaine patches. She has had cervical MRI on 12/18/2014 which revealed multilevel degenerative disc disease. She has undergone carpal tunnel surgery. She has had physical therapy visits for this injury. She has had urine drug screen on 12/4/14 with consistent results. The treating physician requested to continue Topiramate 100mg #90, Senna Laxative 5.6mg #100, Omeprazole 20mg # 60 and Norco 10/325mg #180. On 2/11/15 Utilization Review non-certified a request for Senna Laxative 5.6mg #100, Omeprazole 20mg # 60 and Norco 10/325mg #180 and certified a request for Topiramate 100mg #90. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/11/15, the injured worker submitted an application for IMR for review of Topiramate 100mg #90, Senna Laxative 5.6mg #100, Omeprazole 20mg # 60 and Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna laxative 8.8mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex Senna -Herbal use.

Decision rationale: Request: Senna laxative 8.8mg, #100. ACOEM/CA MTUS and ODG do not address this request. According to the Thompson Micromedex Senna is stated to possess cathartic properties (leaf greater than fruit) and has been used traditionally for constipation. A detailed history and physical exam related to constipation was not specified in the records provided Opioids can cause constipation as a side effect. The medical necessity of the use of Norco itself (an opioid) is not fully established. The presence or absence of constipation without the use of opioids in this patient, is not specified in the records provided. Response to other measures for constipation is not specified in the records provided. The medical necessity of Senna laxative 8.8mg, #100 is not fully established for this patient.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Omeprazole 20mg, #60. Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Omeprazole 20mg, #60 is not established for this patient.

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Request: Norco 10/325mg, #180. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 10/325 mg # 180 is not established for this patient at this time.