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| <b>Case Number:</b>   | CM15-0040347 |                              |            |
| <b>Date Assigned:</b> | 03/11/2015   | <b>Date of Injury:</b>       | 11/16/1978 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 02/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2015 |

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 72 year old male who sustained a work related injury on November 16, 1978. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar spinal stenosis, degeneration of the lumbar and thoracic intervertebral discs and chronic pain syndrome. An Epidurogram was performed on November 11, 2014. According to the primary treating physician's progress report on February 5, 2015 the patient continues to experience low back pain, right hip pain and neck pain radiating to the right shoulder. The injured worker describes a burning, tingling, sharp phantom pain in right leg amputation site and along the posterior lateral left leg from the hip to the heel. Examination of the left shoulder demonstrated marked tenderness along the proximal side of the humerus. There was crepitus with point tenderness in the rotator cuff. Forward raises and lateral abductions were 50% restricted. The current medications are listed as Dilaudid, Gabapentin, Colace and Senna. Current treatment plan consists of heat, ice, rest, gentle stretching, exercise and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2 MG #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 1978. The medical course has included numerous treatment modalities including use of several medications including narcotics and gabapentin. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of dilaudid is not substantiated in the records.

**Gabapentin 300 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16-22.

**Decision rationale:** This worker has chronic pain with an injury-sustained in 1978. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics and gabapentin. Per the guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. The medical necessity of gabapentin is not substantiated in the records.

**Senna 8.5 MG #180:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up to date: Management of chronic constipation in adults.

**Decision rationale:** Senna is a stimulant laxative used for the short-term treatment of constipation and its unlabeled use is to evacuate the colon for bowel or rectal examinations or management/prevention of opioid-induced constipation. Stimulant laxatives primarily exert their effects via alteration of electrolyte transport by the intestinal mucosa. They also increase intestinal motor activity. In this injured worker, he has been prescribed an opioid analgesic which can cause constipation. However, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the senna.