

<b>Case Number:</b>	CM15-0058237		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	04/17/1997
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Arizona, 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 4/17/97. She reported initial complaints of left knee and left shoulder pain. The injured worker was diagnosed as having lumbago; anxiety, dissociative and somatoform disorders. Treatment to date has included STATUS POST L4 hemilaminotomy (no date); MRI lumbar spine (11/30/07); cognitive behavioral therapy. Currently, the PR-2 notes dated 1/15/15, the injured worker returns for a re-evaluation reporting yawning and fatigue in the hour or two preceding pain medications, but reporting an increase in anxiety as there has not been an authorization for ongoing cognitive-behavioral therapy. The provider notes the injured worker is taking Tylenol #3 PRN 3 tablets weekly on average and long-acting oxycodone 40 mg divided daily. The low back pain is notes as "status quo" remaining constant and sharp. The injured worker is a status post L4 hemilaminotomy and the submitted documentation does not relate to any other significant clinical history. The provider requested Senokot S 2 tablets quantity 120, with 12 refills (prescribed 01-15-15) and this was modified to one refill only on utilization review along with Tylenol #3, quantity 30, take 1 tablet daily afternoon for breakthrough pain (prescribed 1-14-15 and 2-14-15) and Oxycontin 10 mg CR (controlled release) quantity 120, take 1 tablet twice daily & 2 tablets at bedtime (prescribed 1-14-15 and 2-14-15) of which both were modifier to a one month supply for each for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot S 2 tablets Qty 120, with 12 refills (prescribed 01-15-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, stool softeners are recommended when starting opioids to prevent constipation. In this case, the claimant had been on opioids for an unknown length of time. Future length of use cannot be determined. There was no mention of active constipation or bowel problems. The 12 months of refills for Senokot is not medically necessary.

**Tylenol #3, Qty 30, take 1 tablet daily afternoon for breakthrough pain (prescribed 1-14-15 and 2-14-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Tylenol# 3 containing codeine is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol#3 an unknown length of time. Documentation indicated pain as status quo. Functional improvement is unknown. The use Tylenol# 3 for the dates in question is not substantiated and is not medically necessary.

**Oxycontin 10 mg CR (controlled release) Qty 120, take 1 tablet twice daily & 2 tablets at bedtime (prescribed 1-14-15 and 2-14-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin for an unknown length of time. Documentation indicated pain as status quo. Functional improvement is

unknown. The use of Oxycontin for the dates in question is not substantiated and is not medically necessary.