

Case Number:	CM14-0115362		
Date Assigned:	08/04/2014	Date of Injury:	06/03/2009
Decision Date:	10/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee was a 42 year old male who sustained an injury on 06/03/09. His mechanism of injury was falling backward while feeding a machine with cardboards. He was being treated for low back pain and shoulder pain. His surgical history included shoulder surgery. His prior treatments included physical therapy, medications and injections. His medications included Sennosides, Ibuprofen, Cyclobenzaprine, Venlafaxine and Pantoprazole. He was noted to have dysesthesia to light touch in the left S1 and L4 dermatome during his visit in April 2014. His progress notes from 05/14/14 was reviewed. His subjective complaints included new onset left shoulder pain that was sharp and stabbing type pain which was worse with movements. He was status post right shoulder labral repair. He also had low back pain radiating down to left lower extremity. MRI of lumbar spine in 2011 showed degenerative changes of lower thoracic and lumbar spine with moderate neural foraminal encroachment at L5-S1. Pertinent examination findings included spasms of left shoulder region musculature, tenderness noted in the left AC joint and limited shoulder range of motion. The diagnoses included lumbar facet pain, possibility of lumbar radiculopathy, bilateral sacroiliitis, right shoulder adhesive capsulitis and right rotator cuff tendonitis. The treatment plan included Sennosides, Ibuprofen, Cyclobenzaprine, Venlafaxine and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sennosides 120 tablet with three refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy: Prophylactic Treatment of Constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opioids Page(s): 77.

Decision rationale: The employee was being treated for low back pain and shoulder pain. His low back pain was radiating down to left lower extremity and he had decreased sensation in left lower extremity in a dermatomal pattern. He also had an MRI that showed moderate neural foraminal encroachment at L5-S1. The diagnoses included possible lumbar radiculopathy and rotator cuff tendonitis. Medications included Sennosides, Ibuprofen, Cyclobenzaprine, Venlafaxine and Protonix. According to Chronic Pain Medical Treatment Guidelines, prophylactic treatment for constipation is recommended while initiating Opioids. The employee didn't have a history of constipation and also was not taking Opioids that would cause constipation. Hence the request for Sennosides is not medically necessary or appropriate.

Venlafaxine (effexor) 37.5mg with three refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 123.

Decision rationale: The employee was being treated for low back pain and shoulder pain. His low back pain was radiating down to left lower extremity and he had decreased sensation in left lower extremity in a dermatomal pattern. He also had an MRI that showed moderate neural foraminal encroachment at L5-S1. The diagnoses included possible lumbar radiculopathy and rotator cuff tendonitis. Medications included Sennosides, Ibuprofen, Cyclobenzaprine, Venlafaxine and Protonix. According to Chronic Pain Medical Treatment Guidelines, Venlafaxine is recommended as an option in first line treatment of neuropathic pain. The medical records provided for review indicate that the employee had evidence of low back pain radiating down to left lower extremity, associated with decreased sensation and MRI finding of neural foraminal narrowing indicating a neuropathic component to the employee's pain. The request for Venlafaxine 37.5mg is medically necessary and appropriate.