

Case Number:	CM14-0123819		
Date Assigned:	08/08/2014	Date of Injury:	09/03/2010
Decision Date:	10/08/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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 New York. 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 patient is a 35 year old female family support specialist with a date of injury on 09/03/2010; she had a motor vehicle accident when a construction truck stopped suddenly and she crashed into it. She was a restrained driver. She was treated with physical therapy, medication and chiropractic therapy. The injuries were to her back, right wrist, right ankle and neck. On 11/16/2010 she had a gastric bypass. On 12/07/2010 she was treated with Motrin, Tramadol and Zoloft. She is treated for chronic neck pain, back pain and left lower extremity pain. On 07/14/2011 and on 09/25/2013 she was taking Ativan 0.5 mg tablets. On 11/04/2013 it was noted that she was taking Norco and occasional constipation was treated with increased fiber. On 11/27/2013 she was taking Norco and Ativan. She had occasional constipation treated with increased water and fiber. On 12/26/2013, 01/09/2014, 01/14/2014, 01/28/2014, 02/27/2014 and on 03/27/2014 she was taking Norco and Ativan during those office visits and there was no mention of constipation. On 10/21/2013, 04/02/2014 and 04/21/2014 there was no mention of constipation. On 04/24/2014 she was prescribed Senna 30 tablets with a refill to be used PRN. She had constipation treated with fluids, chia seeds, fruits and vegetables. Ativan 0.5 mg was also prescribed. According to a previous review, on 06/19/2014 there were no complaints of constipation that would lead to treatment. Muscle spasm and tenderness were noted. There was reduced range of motion of back and neck. Straight leg raising was negative. She had long term pain medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENNA 8.6MG #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: There are no MTUS or ODG for Senna. Previous occasional episodes of constipation were treated with increased dietary water and fiber, as in any patient. Senna is an over the counter medication that does not require a prescription. As of the most recent office note on 06/19/2014 there was no objective documentation of constipation that would warrant treatment with Senna. The history documents long term pain medication (Norco) use with occasional constipation and without the need for treatment of constipation other than the use of increased fiber or water in the diet. Her occasional constipation is not correlated to Norco use as she has been treated with Norco for months to years and did not have daily constipation.

ATIVAN 0.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Ativan is a benzodiazepine drug. MTUS, chronic pain, notes that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." On 07/14/2011 she was taking Ativan 0.5 mg and was dispensed 100 tablets. Then again on 09/25/2013 she was taking Ativan 0.5 mg tablets. Thus, continued use of Ativan in 2014 is long term and is not consistent with MTUS guidelines. Therefore the request is not medically necessary.