

<b>Case Number:</b>	CM14-0126447		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 50-year-old male who reported an injury on 10/22/2007. The mechanism of injury was not provided. On 08/01/2014, the injured worker presented with bilateral low back pain radiating to the buttocks, thoracic, back and right shoulder. Current medications included Prilosec, Norco, Neurontin, nortriptyline, loratadine, Zolof, MS-Contin, Lyrica, and Senokot. Upon examination, there was tenderness to palpation to the thoracic and lumbar paraspinal muscles overlying the L3 to S1 facet joints and sacroiliac joint. The right shoulder range of motion was restricted by pain in all directions, and there was tenderness upon palpation of the right shoulder. The right shoulder clicking was positive. Lumbar range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. Right shoulder impingement signs, including Neer's and Hawkins were positive. Diagnoses were right shoulder impingement, right shoulder bursitis, right shoulder internal derangement, status post positive fluoroscopically guided diagnostic bilateral sacroiliac joint injection, bilateral sacroiliac joint pain, lumbar facet joint pain at L3-S1, lumbar facet joint arthropathy, lumbar sprain/strain, depression, and GERD. The provider recommended Senokot and MS-Contin. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senekot-S 2-4 tabs p.o. p.r.n. #90 with 4 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Senokot-S 2 to 4 tabs by mouth as needed with 90 tablets and 4 refills is not medically necessary. The California MTUS recommend Senokot for constipation. The assumption that the injured worker would continue to have constipation with the use of narcotics would support the use of Senokot. However, the concurrent request for MS-Contin was not warranted. Therefore, there would be no need for prophylactic use of Senokot to aide in constipation secondary to narcotics. There is a lack of documentation of signs and symptoms or a diagnosis of constipation to warrant Senokot.

**MS Contin 60mg #90 with 0 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for MS-Contin 60 mg with a quantity of 90 with 0 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted.