

<b>Case Number:</b>	CM14-0160952		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/12/1988
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Medicine and is licensed to practice in California. 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:

This is a 53-year-old female with a 10/12/98 date of injury. She injured her back and shoulder due to dumping while working as a shipping clerk. According to a progress report dated 6/25/14, the patient complained of neck and upper back pain. The pain is aching and throbbing. Objective findings: decreased range of motion of neck, myofascial tenderness of cervical area, pain with right lateral flexion with pain radiating from C7 to left trapezius, trigger points T5, 6, 7. Diagnostic impression: arm pain, cervical radiculopathy, cervicgia, chronic intractable pain, cervical degenerative disc disease, depression, thoracic outlet syndrome. Treatment to date: medication management, activity modification, surgery. A UR decision dated 9/16/14 modified the request for 90 tablets of MS Contin and 90 tablets of Senexon to 45 tablets each for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of Senexon 8.6mg:** 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 Other Medical Treatment Guideline or Medical Evidence: FDA (Senna

**Decision rationale:** CA MTUS does not address this issue. The FDA states that Senna is indicated for short-term treatment of constipation, preoperative and pre-radiographic bowel evacuation, or for procedures involving the GI tract. However, in the present case, there is no documentation that the patient has constipation. In addition, since the initial request for the opioid medication, MS Contin, was found not to be medically necessary, this associated request for prophylaxis from opioid-induced constipation cannot be substantiated. Therefore, the request for 90 Tablets of Senexon 8.6mg was not medically necessary.

**90 tablets of MS Contin 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate; Opioids Page(s): 93, 74, 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. A urine drug screen dated 4/7/14 was inconsistent for morphine. There is no documentation that the provider has addressed this issue. Therefore, the request for 90 tablets of MS Contin 30mg was not medically necessary.