

Case Number:	CM14-0092717		
Date Assigned:	07/25/2014	Date of Injury:	09/07/2004
Decision Date:	10/14/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63-year-old female was reportedly injured on 9/7/2004. The claimant previously underwent two lumbar spine surgeries, which included a lumbar fusion at L5-S1 in 2005. The most recent progress note, dated 5/22/2014, indicated that there were ongoing complaints of back pain. Physical examination revealed tenderness, pain and diminished flexion and extension restricted by pain. Straight leg raise was negative and focal tenderness at the SI joints. Faber's testing made the pain much worse. Lower extremity exam was within normal limits. No recent diagnostic imaging studies available for review. Previous treatment included lumbar spine surgery, spinal cord simulator, bilateral sacroiliac joint injections on 7/1/2014, physical therapy, home exercises, and medications to include Relistor, Sumatriptan, Synthroid, Wellbutrin, Zofran, Clonazepam, Fludrocortisone, Melatonin, Nitrofurantoin, Ranitidine, Neurontin, Senna and Naproxen. A request had been made for Gabapentin (partial certification for one month supply), Zorvolex, and Senna Lax (partial certification for one month supply), which were non-certified in the utilization review on 6/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti- Epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: MTUS treatment guidelines support Gabapentin for treatment of diabetic painful neuropathy and post-herpetic neuralgia and have been considered as a first-line treatment for neuropathic pain. Review of the available medical records documents chronic back pain over the sacroiliac joints after a lumbar fusion at L5-S1 in 2006. As such, this request does not meet guideline criteria and is therefore not considered medically necessary.

Zorvolex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71, 112.

Decision rationale: Zorvolex (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID) for the treatment of the signs and symptoms of osteoarthritis. This medication is not recommended for first-line use due to its increased cardiovascular event risk profile. The claimant suffers from chronic back pain after a work-related injury in 2005. Furthermore, the claimant currently takes Naproxen. Given the past medical history and Zorvolex's increased cardiovascular risk profile, the medication is not considered medically necessary.

Senna Lax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com, Senna Professional Information

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: McQuaid KR. Chapter 15. Gastrointestinal Disorders. In: Papadakis MA, McPhee SJ, Rabow MW. eds. CURRENT Medical Diagnosis & Treatment 2014. New York, NY: McGraw-Hill; 2014

Decision rationale: Senna is a vegetable laxative not addressed by the MTUS, ACOEM or the Official Disability Guidelines. The leaves of the Senna plant contain sennosides that irritate the lining of the bowel causing a laxative effect. The literature notes that this is laxative are indicated for the short-term treatment of symptomatic constipation. Review of the available medical records, document that this laxative has been used long-term and since at least September 2013. As such, it is not considered medically necessary.