

<b>Case Number:</b>	CM14-0093644		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/22/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 71-year-old male was reportedly injured on 5/22/2002. The mechanism of injury was noted as a lower back injury while lifting a saw motor. The claimant underwent a lumbar fusion in February 2012. The most recent progress notes dated 7/21/2014 and 9/8/2014, indicate that there were ongoing complaints of lower back pain. Physical examination demonstrated well healed surgical scar of the lumbar spine, tenderness throughout the lower lumbar spine, midline and paraspinously to palpation; lumbar spine range motion: flexion 40, extension minimal beyond neutral, lateral bending 15 bilaterally in normal rotation; straight leg raise negative; light touch sensation and motor intact in the lower extremities. No recent diagnostic imaging studies available for review. Diagnosis: depression, lumbar intervertebral disk degeneration, post-laminectomy syndrome, drug-induced constipation, lumbar radiculitis and insomnia. Previous treatment includes lumbar fusion, epidural steroid injections, facet injections, facet/medial branch rhizotomy, sacroiliac joint injections, home exercises and medications to include Norco, Effexor ER, Senna, DSS, Zantac, Nortriptyline, Levothyroxine, Bisoprolol, Lisinopril and Simvastatin. A request had been made for Norco 10/325 mg #240 with 3 refills (modified #180); Effexor ER 5 mg #90 with 3 refills (modified #90); Senna 8.6 mg #120 with 3 refills; and DSS 250 mg #60 with 3 refills, which were not certified in the utilization review on 6/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Norco.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127..

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic lower back pain after a work-related injury in 2002; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. Furthermore, the medical records document the claimant has taken Hydrocodone since 2007. As such, this request for Norco is not considered medically necessary.

**Effexor ER 75mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor(venlafaxine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127..

**Decision rationale:** MTUS treatment guidelines support Venlafaxine (Effexor) for the treatment of anxiety, depression, pain disorders and social phobias; FDA off-label uses includes chronic pain syndromes, fibromyalgia, neuropathic pain and diabetic neuropathy. The medication's side effects include drowsiness, weakness, dizziness, dry mouth, insomnia, nervousness/anxiety, tremor, headaches, seizures, nausea/vomiting, weight loss and constipation. Review of the available medical records, document that his reactive depression is well-controlled with Effexor; however, he suffers from constipation, and insomnia for which he takes additional medications to treat. Given the medication's side effect profile and FDA off-label use, this request is not considered medically necessary.

**Senna 8.6mg #120 with 3 refills:** Upheld

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

**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 which is not addressed by the MTUS, ACOEM or ODG. The leaves of the senna plant contain sennosides that irritate the lining of the bowel causing a laxative effect. The literature notes that this laxative is indicated for the short-term treatment of symptomatic constipation. Review of the available medical records, document its long-term use for the claimant. As such, it is not considered medically necessary.

**DSS 250mg #60 with 3 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 Page(s): 77 of 127..

**Decision rationale:** MTUS treatment guidelines support the use of a stool softeners (i.e. DSS, Colace) for prophylactic treatment of constipation when starting opioid therapy. As Norco and Effexor are not considered medically necessary (see above); the stool softener is not required. Furthermore, DSS is available as a generic, over the counter medication without a prescription. This request is not considered medically necessary.