

Case Number:	CM15-0179347		
Date Assigned:	09/22/2015	Date of Injury:	11/01/2003
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 39-year-old who has filed a claim for chronic hand, foot, and shoulder pain reportedly associated with an industrial injury of November 1, 2003. In a utilization review report dated August 26, 2015, the claims administrator failed to approve request for senna and Lidoderm patches. An August 17, 2015 date of service was seemingly referenced in the determination. The full text of the UR report was not, however, attached to the application. The applicant's attorney subsequently appealed. On said August 17, 2015 office visit, the applicant reported ongoing complaints of severe extremity pain, attributed to complex regional pain syndrome type 1. The applicant had undergone a spinal cord stimulator revision. The applicant then developed derivative complaints of bruxism. The applicant reported difficulty lifting and sleeping secondary to her pain complaints. The applicant contended that she is unable to lift any articles weighing above 5 pounds owing to ongoing pain complaints. The applicant was depressed, fatigued, and anxious, it was reported in the past medical history section of the note. The applicant's medication list included Axert, baclofen, Colace, Cymbalta, Motrin, Imitrex, Lidoderm, Linzess, Lunesta, MiraLax, Norco, Prilosec, Percocet, Robaxin, senna, ThermaCare heat wraps, Desyrel, and Zofran, it was reported. It was not clear, however, when the applicant's medication list had last been updated. The applicant exhibited visibly antalgic gait. Permanent restrictions imposed by medical-legal evaluator were renewed. Multiple medications were seemingly renewed, including the Lidoderm patches and senna at issue. MiraLax and Colace were also renewed. In another section of the note, the attending provider stated the applicant was "unable to compete" in the open labor force. It was stated the applicant

had difficulty performing even basic activities of daily living herself.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg #30 with 5 Refills, 1 Tablet Every Day at Bedtime: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

Decision rationale: No, the request for senna, a laxative agent, was not medically necessary, medically appropriate, or indicated here. While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse the prophylactic treatment of constipation in applicants using opioids, as was seemingly the case here in the form of the applicant's using a variety of opioid agents to include Percocet and Norco, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the applicant, per the August 17, 2015 office visit at issue, was given prescriptions for and/or was using a variety of laxative agents, including Colace, Linzess, MiraLax, senna, etc. It was not clearly stated why the applicant needed to use so many different laxative agents and/or stool softeners. The attending provider failed to furnish a clear or compelling rationale for usage of senna in conjunction with MiraLax, Linzess, and Colace. Therefore, the request is not medically necessary.

Lidoderm 5% (700mg/patch) Adhesive Patch #60 with 5 Refills, Apply 1-2 Patches to Affected Area 12 Hours On and 12 Hours Off: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the

effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations so as to ensure proper use and so as to manage expectations. Here, however, the applicant was off work, it was reported on August 17, 2015. The applicant was reportedly unable to compete in the open labor market, it was reported in one section of the note. In another section of the note, it was stated the applicant was disabled. The applicant was having difficulty performing activities of daily living as basic as ambulating, toileting, and lifting articles weighing greater than 5 pounds, it was stated in multiple sessions of the note. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Norco and Percocet, it was reported on August 17, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20 (e), despite ongoing usage of the same. Therefore, the request is not medically necessary.