

<b>Case Number:</b>	CM15-0094174		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/17/1986
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 76 year old male, who sustained an industrial injury on 10/17/1986. The mechanism of injury was not noted. The injured worker was diagnosed as having unspecified neuralgia, neuritis and radiculitis, failed lumbar back syndrome, and lumbosacral radiculopathy. Treatment to date has included medications. Currently, the injured worker complains of constant low back pain, with reports of increased pain at nighttime. He was requesting a slight increase in pain medication. It was noted that stronger medication, such as Percocet or Morphine, caused adverse effects. His current medication regime was not noted. He tried to participate in activities of daily living, within his limits. Pain was rated 7/10 at present, 4/10 at best, and 10/10 at worst. He was ambulatory with a cane and physical exam noted lumbar tenderness and limited range of motion. His work status was permanent and stationary. The treatment plan included an increase of Norco, with Senokot as needed. The use of Norco and Senokot was noted since at least 11/2014. No reports of constipation were noted. The PR2, dated 1/29/2015, noted that he received narcotic medication from another physician and signed a Universal Pain Management form on that date. Urine toxicology reports were not noted and no aberrant behavior was documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are unspecified neuralgia, neuritis and radiculitis; failed back syndrome lumbar; and radiculopathy lumbosacral. Documentation indicates the injured worker was taking Norco as far back as November 17, 2014. The start date is not indicated in the medical record with a date of injury October 17, 1986. There are no G.I. complaints and no documentation of constipation. The most recent progress notes dated April 23, 2015. The injured worker has complaints of low back pain is requesting something stronger for pain. The VAS pain score is 7/10. The treating provider increased Norco from three times per day to four times per day. There is no documentation demonstrating objective functional improvement. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no attempt at weaning ongoing Norco 10/325 mg. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Norco 10/325 mg, pain assessments and risk assessments with evidence of objective functional improvement and attempted weaning, Norco 10/325mg # 120 is not medically necessary.

**Senokot 8.6mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601112.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/senokot.html>.

**Decision rationale:** Pursuant to Medline plus, Senokot 8.6 mg #60 with one refill is not medically necessary. Senokot is a stimulant laxative. It also is used to empty the bowels before surgery and certain medical procedures. Senna is in a class of medications called stimulant

laxatives. In this case, the injured worker's working diagnoses are unspecified neuralgia, neuritis and radiculitis; failed back syndrome lumbar; and radiculopathy lumbosacral. Documentation indicates the injured worker was taking Norco as far back as November 17, 2014. The start date is not indicated in the medical record with a date of injury October 17, 1986. There are no G.I. complaints and no documentation of constipation. There is no documentation indicating subjective or objective functional improvement with ongoing Senokot. As noted above, there are no complaints of constipation. Consequently, absent clinical documentation with ongoing constipation, Senokot 8.6 mg #60 with one refill is not medically necessary.