

Case Number:	CM13-0015406		
Date Assigned:	10/08/2013	Date of Injury:	04/25/2002
Decision Date:	02/11/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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. 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:

Claimant is a 64 year old female with date of injury 4/25/2002. Progress note dated 8/15/2013 explains that the claimant has lower back pain radiating to bilater lower extremities to her feet. Medical history includes cardiac disease and hypertension. Her current medications include Prozac, Butrans, Wellburin, Seroquel, Norco, and Zetia. Progress note dated 8/5/2013 explains that the claimant has chronic lumbar mechanical axial backache, bilateral lower extremity radicular pain, reactive anxiety and depression with opioid dependence. She has chronic left knee arthralgia internal derangement with the history of seven left knee surgeries including total knee replacement in 2006. She has developed constipation which is noted as a side effect from opioid pain medication. On exam she has tenderness and restricted lumbar as well as left knee range of motion. Diagnoses include 1) internal deგრangement of left knee status post total knee arthroplasty 2) contracture of left knee joint 3) pain in join involving lower leg 4) stiffness of joint not elsewhere classified involving lower leg 5) depression 6) insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senakot 15mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com, and PDR reference 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Feldman: Sleisenger and Fordtran's Gastrointestinal and Liver Disease, 9th Ed., 2010 Saunders, Chapters 12, 18, and Benzon: Practical Management of Pain, 5th Ed., 2013, Mosby, Chapter 77.

Decision rationale: The primary treating provider prescribed both Docuprene and Senakot for constipation. The request for Docupren was certified by the claims administrator, while the request for Senakot was not, explaining that a laxative is indicated, but not two laxatives. These two medications are different in their primary effect, and mode of action. Docuprene has a softening effect, and acts by increasing water penetration of the stool. Senakot has a stimulant effect, stimulating peristalsis. Per Feldman, "Prophylaxis for opioid-induced constipation should begin at the onset of opioid therapy; preferred first treatment is a senna preparation." Per Benzon, "Always begin a prophylactic bowel regimen when commencing opioid analgesic therapy. Avoid bulking agents such as psyllium because these tend to increase desiccation time in the large bowel, and debilitated patients can rarely take in sufficient fluid to facilitate the action of bulking agents. Instead, starting with cost-effective and palatable products, such as senna tea and fruit or senna plus docusate sodium (Colace) for patients with a history of "sluggish" bowel function, is advised. If this is ineffective at creating regular laxation, then prescription therapies are indicated (e.g., bisacodyl, senna derivatives, propylene glycol)." The request for Senakot is determined to be medically necessary and within standard medical practice for constipation due to opioid therapy.