

Case Number:	CM13-0056482		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2006
Decision Date:	05/06/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/22/2013

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 Texas. 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 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 41-year-old male who reported an injury on 07/25/2006. The mechanism of injury involved a fall. Current diagnoses include cervical radiculitis, lumbar radiculitis, wrist pain, chronic pain, and status post left wrist ORIF. The injured worker was evaluated on 12/20/2013. The injured worker reported continuous neck pain with upper extremity radiation and lower back pain with lower extremity radiation. Physical examination revealed tenderness to palpation, limited cervical and lumbar range of motion, and unchanged sensory and motor strength examinations. Treatment recommendations at that time included continuation of current medications including Senokot S.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENOKOT-S 8.6/50MG WITH ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation article from Woolery M, Bisanz A, Lyone HF, Gaido L, YenulevichM, McMillan SC, Putting Evidence into Practice: evidence-based interventions for the prevention and management of constipation in patients with cancer. Clin J Oncol Nurs. 2008 April 12 (2): 317-37.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid induced constipation treatment is recommended. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the injured worker has utilized this medication since 08/2013. However, there is no documentation of functional improvement. There is no evidence of chronic constipation or gastrointestinal complaints. It is also documented, that the injured worker did not report any adverse effects with the current medication regimen. There is also no evidence of a failure to respond to first line treatment as recommended by Official Disability Guidelines. There is no quantity listed in the current request. Based on the clinical information received, the request is non-certified.