

Case Number:	CM13-0064028		
Date Assigned:	01/03/2014	Date of Injury:	11/30/1993
Decision Date:	05/19/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

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 Occupational Medicine and is licensed to practice in New York, North Carolina. 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 70 year old injured worker has lumbar postlaminectomy syndrome. She was originally injured 11/30/1993. Her treating provider is requesting Senakot for constipation caused by chronic narcotic use. She has been prescribed Nucynta since 2011 for intractable back and neuropathic pain in the legs following laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENOKOT: Overturned

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 Tricyclic Antidepressants, as well as Criteria For Use Of Opioids (Initiating Therapy) Page(s):. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TRICYCLIC ANTIDEPRESSANTS AND CRITERIA FOR USE OF OPIOIDS (INITIATING THERAPY), PAGE 15 AND PAGE 77

Decision rationale: This patient is on medications which may cause constipation, including chronic narcotic medication and trazodone. The side effect profiles of these medication are established within the chronic pain guidelines of the MTUS guidelines. When discussing

initiation of narcotic therapy, prophylactic treatment of constipation is recommended. There is no recommendation for any specific stool softener or laxative use in those guidelines, or in the ODG Guidelines. It is reasonable to treat the constipation, however, the original request did not specify how he plans to treat (strength, frequency and length of time). The medical records reviewed, however, indicated that the treating physician had been prescribing Senokot-S 50 mg-8.6 mg, 2 tabs at bedtime as needed, and was requested (as opposed to plain Senokot). This is a combination of both senna and docusate, and reasonable treatment of constipation from chronic narcotic and tricyclic antidepressant use. Given the above the requested treatment is medically necessary and appropriate.