

Case Number:	CM13-0066195		
Date Assigned:	01/03/2014	Date of Injury:	11/13/2003
Decision Date:	05/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation 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 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:

This 42 year-old male carpenter sustained an injury to his low back and right shoulder on 11/13/03 when he tripped on a loose screw and fell while employed by [REDACTED]. Request under consideration include SENNOSIDE/ DOCUSATE #100. The patient is s/p right shoulder arthroscopic surgery in July 2007 and on 4/18/05. Conservative treatments and pain modalities have included physical therapy, medications, facet blocks, and sacroiliac injections. There are multiple urine drug screenings dated 1/22/13, 4/16/13, 6/22/13, and 9/26/13 indicating inconsistent results of Hydrocodone, Methadone, Trazodone, Hydromorphone, EDDP, and most notably THC without any change in treatment to address for the continued discrepancy. Report of 10/16/13 from the provider noted patient with continued low back and right shoulder pain rated at 5-6/10, inadequately improved over time. Request included Sennoside/Docusate for opioid-induced constipation which was non-certified on 11/26/13 citing guidelines criteria and lack of medical necessity as opioid has not been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENNOSIDE/DOCUSATE #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines (ODG) TWC 2013, Pain,Opioid Induced Constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS, Initiating Therapy [with opioids] Page(s): 77, 3.

Decision rationale: The Expert Reviewer's decision rationale: This 42 year-old male carpenter sustained an injury to his low back and right shoulder on 11/13/03 when he tripped on a loose screw and fell while employed by [REDACTED]. Request under consideration include Sennoside/ Docusate #100. The patient is s/p right shoulder arthroscopic surgery in July 2007 and on 4/18/05. Conservative treatments and pain modalities have included physical therapy, medications, facet blocks, and sacroiliac injections. There are multiple urine drug screenings dated 1/22/13, 4/16/13, 6/22/13, and 9/26/13 indicating inconsistent results of Hydrocodone, Methadone, Trazodone, Hydromorphone, EDDP, and most notably THC without any change in treatment to address for the continued discrepancy. Report of 10/16/13 from the provider noted patient with continued low back and right shoulder pain rated at 5-6/10, inadequately improved over time. Request included Sennoside/Docusate for opioid-induced constipation which was non-certified on 11/26/13 citing guidelines criteria and lack of medical necessity as opioid has not been recommended. Docusate Sodium/ Sennoside are a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury of 2003; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) may be provided for short-term relief as long-term opioid use is supported and in this case has been non-certified on multiple occasions for this 2003 injury; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication especially in light of inconsistent aberrant behaviors from multiple UDS results without change in treatment plan. The Sennoside/Docusate #100 is not medically necessary and appropriate.