

Case Number:	CM14-0002046		
Date Assigned:	04/04/2014	Date of Injury:	05/18/2004
Decision Date:	05/29/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/07/2014

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 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:

The patient is a 52 year old female with date of injury 5/18/2004. The medical records associated with the request for authorization, a primary treating physician's progress report, dated 11/20/2013, lists subjective complaints as continued low back pain that radiates to her bilateral lower extremities, greater on the right side. Objective findings include examination of the lumbar spine revealed tenderness along the midline with mild to moderate tenderness and spasm in the bilateral paralumbar musculature and right gluteal musculature. A decreased range of motion was also noted. Examination of the lower extremities revealed a positive straight leg raise test bilaterally, for radicular pain into the distribution of the L5-S1 nerve root. There was decreased sensation to light touch noted over the distribution of the L5-S1 nerve root. Diagnoses include: 1. Chronic pain 2. L3-L4 6mm broad based disc protrusion superimposed on facet hypertrophy with mild-to-moderate central canal and bilateral neuroforaminal stenosis. 3. L4-L5 5mm broad-based disc protrusion superimposed on facet hypertrophy with mild-to-moderate central canal stenosis and moderate left and mild right neuroforaminal stenosis 4. L5-S1 6mm broad based disc protrusion superimposed on facet hypertrophy at L4-L5 and L5-S1 resulting in moderate central canal stenosis, moderate to severe left and moderate right neuroforaminal stenosis 5. Right greater than left S1 radiculopathy 6. Right groin pain 7. Depression/Anxiety. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 03/12/2013. Medications: Senokot S, 2 q. day for opiate-induced constipation; Tylenol #4, one q.i.d. p.r.n; Robaxin 500 mg, 2-3 per day p.r.n. spasm; Claims M. b.i.d; Zolof 100 mg q. day; Trazodone 100 mg, half a tablet b.i.d; Zyprexa 2.5 mg b.i.d; Tegretol 100 mg 2 q.a.m.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF SENOKOT-S: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The MTUS Chronic Pain Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. Senokot-S is a laxative used to treat constipation and is indicated for the patient's opioid-induced constipation; however, the request does not indicate the number of pills prescribed. An unlimited number of Senokot-S cannot be recommended. For the reasons stated above, Senokot-S cannot be recommended as medically necessary and appropriate.

1 LAB FOR COMPREHENSIVE METABOLIC PANEL (CMP) AND COMPLETE BLOOD COUNT (CBC): Upheld

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 Page(s): 21. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20-9792.26, 21

Decision rationale: The patient is taking Tegretol, an anticonvulsant sometimes used to treat neuropathic pain. The MTUS Chronic Pain Guidelines recommend a number of laboratory tests including a CBC and comprehensive metabolic panel for patients taking Tegretol; however, it is noted that authorization has already been obtained for these tests on 11/05/2013. There are no results documented in the medical record that the patient had the tests done or they were utilized by the provider to guide the patient's treatment plan. Additional authorization for a CBC and comprehensive metabolic panel is not medically necessary or appropriate.