

Case Number:	CM14-0003298		
Date Assigned:	07/02/2014	Date of Injury:	08/26/2006
Decision Date:	08/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 26, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated December 20, 2013, the claims administrator approved a request for gabapentin, approved a request for tramadol, partially certified a request for Senokot, a laxative, and denied a back brace. In a progress note dated July 3, 2013, the applicant was described as having persistent complaints of low back and bilateral knee pain. The applicant reported 5/10 pain. The applicant stated that pain medications, including Neurontin, Naprosyn, tramadol, and Senokot. The applicant's work status was not provided. It was stated that the applicant was using Senokot for constipation. It was stated that the applicant was able to perform walking, driving, self care, grocery shopping, which he stated that he would not be able to perform without medications. On November 7, 2013, tramadol, Neurontin, Naprosyn, and Senokot were renewed. The applicant's work status was again not furnished. The applicant was again described as using Senokot for opioid-induced constipation on September 6, 2013. It appears that a back brace was later endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION FOR SENOKOT #120: Overturned

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

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants in whom opioid therapy has been initiated. In this case, the applicant is in fact reporting ongoing issues with opioid-induced constipation. The applicant is using tramadol, a synthetic opioid. Provision of Senokot, a laxative, to combat opioid-induced constipation is therefore indicated. Accordingly, the request is medically necessary.

ONE (1) LUMBAR SPINE ORTHOSIS BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports have not been demonstrated to be effective outside of the acute phase of symptoms relief. In this case, the applicant is, quite clearly, outside of the acute phase of symptom relief following an industrial injury of August 26, 2003. Introduction of and/or usage of a lumbar support/back brace is not indicated. Therefore, the request is not medically necessary.