

Case Number:	CM14-0102517		
Date Assigned:	09/16/2014	Date of Injury:	09/15/2008
Decision Date:	10/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family 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:

This is a 54-year-old female who reported an industrial injury on 9/15/2008, over six (6) years ago, attributed to the performance of her usual and customary job tasks reported as reaching and keyboarding. The patient complained of bilateral shoulder pain. The patient was prescribed Celebrex; Volteran gel; trazodone; Docusate; Norco; Zanaflex; and SOMA tid. The patient was also prescribed hydrochlorothiazide; Ativan; and Paxil. Electrodiagnostic studies of the bilateral upper extremities were normal. The objective findings on examination included restricted range of motion to the right shoulder due to pain; Hawkins test positive; left shoulder range of motion restricted; tenderness to the subdeltoid bursa; positive Tinel's at the elbow; motor testing limited due to pain; sensory changes to light touch on the index and middle fingers and the deltoid on the right. The diagnoses included mood disorder and shoulder pain. It was noted that the patient was prescribed Valium by another provider. The patient reported side effects included constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot 187mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 63,64,66,and 77-79. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Opioid induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 pages 114-16 Official Disability Guidelines (ODG) Pain chapter opioids

Decision rationale: The prescription of Senekot is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. The patient is not demonstrated to have constipation as a side effect of Hydrocodone or the other prescribed medications. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact she has constipation. The use of Senekot was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Senekot is demonstrated to be medically necessary with the use of Norco; however, Norco was discussed to be titrated down and off, which would relieve the cited constipation due to opioids. Senekot is not medically necessary for the treatment bilateral shoulder issues for which Norco would not be medically necessary. The provider prescribed Norco that may lead to constipation for which Senekot was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions.