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| Case Number: | CM14-0011780 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 02/10/2006 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 01/29/2014 |

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 60-year-old female who reported an injury on 02/10/2006 after being hit with a heavy object. The injured worker's treatment history included multiple surgical interventions, extensive physical therapy, injection therapy, and multiple medications. A request was made for Senokot #60 with 1 refill to allow for a weaning schedule. However, no clinical documentation or justification to support the request was provided. There was no recent clinical evaluation submitted to determine the appropriateness of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENOKOT #60 WITH ONE REFILL TO ALLOW THE PATIENT ONE REFILL WHILE THE PATIENT IS UNDERGOING WEANING OF OPIATES: 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 Opioids, Initiating Therapy Page(s): 70.

Decision rationale: The requested Senokot #60 with 1 refill to allow the patient to undergo a weaning schedule of opioids is not medically necessary or appropriate. There was no clinical documentation submitted from the treating provider to support the request. The California

Medical Treatment Utilization Schedule does recommend prophylactic treatment of constipation when opioids are used to manage chronic pain. However, in the absence of any support for continued treatment, the appropriateness of the request cannot be determined. As such, the requested Senokot #60 with 1 refill to allow the patient to undergo a weaning schedule of opioids is not medically necessary or appropriate.