

Case Number:	CM14-0018298		
Date Assigned:	04/21/2014	Date of Injury:	05/31/2012
Decision Date:	06/04/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 53 year old female who reported a work injury on 05/31/2012. The mechanism of injury is not specified with the documentation provided. On 01/09/2014 the injured worker was seen for a follow up visit at the [REDACTED]. The injured worker had complaints of low back pain and rated pain as 3/10 and she reported that the medications are helping and that she tolerated the medications well. She also reported that she had 8 acupuncture sessions that were effective and pain level has decreased since last visit. Physical examination documentation reported that the patient does not appear to be in acute distress. Diagnosis is thoracic or lumbosacral neuritis or radiculitis not specified. Current medications used include Hydrocodone-acetaminophen and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENOKOT #100: 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): 77.

Decision rationale: The injured worker who has reported that medications used for low back pain are tolerated well has not reported any constipation with opioid use. The injured worker reported pain level of 3/10 at physical evaluation on 01/09/2014. As needed Hydrocodone 2.5/325mg has been prescribed and this dose is decreased from physical evaluation on 11/13/2013. The MTUS Chronic Pain Guidelines state that prophylactic treatment of constipation should be initiated with the initiation of opioid therapy. The injured worker is on a weaning program with her current opioid and reported that she tolerates it well without any physical documentation of constipation. In addition, there is no documentation regarding the frequency of the medication. Therefore, the request for Senokot is not medically necessary and appropriate.