

Case Number:	CM14-0150682		
Date Assigned:	09/19/2014	Date of Injury:	09/01/2008
Decision Date:	11/19/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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:

Patient is a 54 year-old male with date of injury 09/01/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/06/2014, lists subjective complaints as pain in the low back with radicular symptoms to the right lower extremity. Objective findings: Patient had an antalgic gait and favored the left side, shuffling the right leg. Some weakness was noted in the lower extremities, potentially associated with increased pain. Muscle strength for all groups tested was as follows: right hip flexors were 4+/5, right foot dorsiflexors, right foot plantar flexors, right hip adductors and right hip abductors were 2/5. S1 dermatome demonstrated decreased light touch sensation on the right. FABER maneuver and Patrick's maneuver were positive on the right. Tenderness to palpation was noted over the L4-L5 and L5-S1 facet capsules on the right. Diagnosis: 1. Chronic Discogenic lumbosacral spinal pain associated with disc annular disruption syndrome 2. Lower extremity neuropathic radiculopathy 3. Deconditioning 4. Weight gain 5. Fatigue, anhedonia and decreased libido 6. Chronic pain syndrome. The medical records supplied for review documents that the patient has been taking the following medications for at least as far back as three months. Medications: 1. Senekot tablets 8.6mg, #30 SIG: once by mouth at bedtime 2. Miralax powder mix 17 grams in liquid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senekot tablets 8.6 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-80.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. Although the patient does not carry a formal diagnosis of constipation, he is taking an opiate on a daily basis. It is certain that he requires prophylactic treatment of constipation. The request is medically necessary.

Miralax powder mix 17 g in liquid #527 (refill 3): Overturned

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 Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. Although the patient does not carry a formal diagnosis of constipation, he is taking an opiate on a daily basis. It is certain that he requires prophylactic treatment of constipation. The request is medically necessary.