

Case Number:	CM14-0172199		
Date Assigned:	10/23/2014	Date of Injury:	02/19/2001
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 69-year-old female who sustained an injury on 2/19/01. As per 9/18/14 report, she presented with low back pain radiating down the left leg. She rated the pain at 6/10 with medications and 9/10 without. She reported abdominal pain and acid reflux without the use of Aciphex. Examination revealed a positive straight leg raise, positive lumbar facet loading, tenderness to palpation of the paravertebral muscles on the left, and restricted ROM of the lumbar spine. MRI of the lumbar spine dated 10/04/06 revealed moderate degenerative bone and disk changes with an associated scoliosis noted at the L1-L2, L2-L3, L3-L4 and L4-L5 levels with associated bilateral foraminal narrowing. EMG/NCS studies dated 9/21/04 revealed L5 mild radiculopathy on the right, L5 nerve root irritation, chronic, on the left, and possible L4 mild irritation on the right. She is currently on Ambien, Methadone, and Norco. She is able to functionally do more with medications as compared without. Previous treatments have included lumbar radiofrequency ablation, lumbar facet joint injection, and bilateral L4 transforaminal steroid Injection. She had been treated previously with Senokot but was having difficulty with authorizations and she prefers to use Senokot to Docusate and so Docusate was discontinued and Senokot was restarted on 7/24/14. She had used Aciphex for over 3 years for acid reflux symptoms related to her chronic opioid use. She notes that her opioid-induced constipation has been improved with Senna, Docusate and Aciphex. On the latest visit, she was also prescribed Omeprazole for her opioid-induced gastrointestinal symptoms and was once again prescribed Senokot. Diagnoses include lumbar radiculopathy and spinal/lumbar DDD. The request for Senokot 187mg tablet, take 2 twice daily was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot 187mg tablet; take 2 twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69, 77.

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

Decision rationale: Per CA MTUS guidelines, prophylactic treatment of constipation should be initiated in chronic opioid therapy. Senokot is used for treating constipation. In this case, the IW is noted to have opioid-induced constipation which was improved with both Senokot and Docusate. However, it is not clear as to why the IW wishes to switch from Docusate to Senokot and is not justified. Therefore, the request is not medically necessary and is non-certified.