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| Case Number: | CM14-0174321 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 10/05/1999 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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 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 55-year-old female who reported an injury on 10/05/1999. The mechanism of injury was not submitted for this review. Prior treatment history included drug screen, medications, and MRI studies of the lumbar spine, Toradol /B12 injections, and surgery. The injured worker was evaluated on 09/11/2014 and it was documented the injured worker complained of neck pain that radiates down bilateral upper extremities. She complained of lower back pain that radiates down the bilateral lower extremities. The pain was aggravated by activity and walking; upper extremity pain in the bilateral shoulders. The injured worker complained of ongoing headaches. The injured worker rated pain with medications 6/10 on the pain scale and without medications 9/10 on the pain scale. The injured worker reported the use of the spinal cord stimulator was helpful. The injured worker reports that the use of anti-seizure class, A2 blocker, and topical analgesic medication was helpful. Physical examination of the lumbar spine revealed there were spasms noted bilaterally in the paraspinal muscles. Spinal vertebral tenderness was noted in the cervical spine C5-7. There was tenderness noted upon palpation at the paravertebral C4-6 area and bilateral occipital regions. Pain was significantly increased with flexion, extension, and rotation. Motor examination showed strength in the extensor muscles and the flexor muscles bilaterally. Lumbar spine examination revealed bilateral paraspinal musculature. There was tenderness noted upon palpation in the bilateral paravertebral area L4-S1 levels. The range of motion of the lumbar spine was mildly to moderately limited. Pain was significantly increased with flexion and extension. Motor examination showed decreased strength of the extensor muscles and flexor muscles and bilateral lower extremities. Diagnosis included status post cervical spine fusion; lumbar disc displacement; failed back surgery syndrome, lumbar; lumbar radiculopathy; status post fusion, lumbar spine; diabetes mellitus; medication related dyspepsia; chronic pain, other; status post spinal cord stimulator; and implant

status post spinal cord stimulator. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot-S 6-50mg one tablet twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

Decision rationale: The request for Senokot-S6-50mg one tablet twice daily is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the documentation of adverse effects, to include constipation, for long-term use of opioids for 6 months or more. The documentation submitted lacked evidence of the injured worker having constipation issues. Given the above, the request is not medically necessary.