

Case Number:	CM14-0021877		
Date Assigned:	05/09/2014	Date of Injury:	06/24/2002
Decision Date:	07/10/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/21/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 62-year-old female who was injured on June 24, 2002. The patient continued to experience lower back pain. Physical examination was notable for decreased sensation to pinprick in the L5 dermatomes bilaterally, normal motor strength, negative straight leg raise bilaterally, and tenderness to palpation L2-S1. Diagnosis is status post lumbar fusion. Treatment included medications, including opioid medications, and aquatherapy. The patient suffered from constipation secondary to opiate use. Requests for authorization for Senekot S # 60 and Lidoderm 5% patch were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENEKOT S #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Opioid-induced constipation treatment.

Decision rationale: Senekot is a stimulant laxative used to treat constipation. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids

to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. If prescribing opioids has been determined to be appropriate, then ODG recommend that prophylactic treatment of constipation should be initiated. In this case, prescription opioids are certified and there is documentation that the patient is suffering from constipation. The request is medically necessary and appropriate.

LIDODERM 5% PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112.

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case the patient's pain is not localized peripheral pain. The patient is not suffering from post-herpetic neuralgia. There is no medical indication for the Lidoderm patch. The request is not medically necessary and appropriate.