

Case Number:	CM14-0033404		
Date Assigned:	06/20/2014	Date of Injury:	03/19/1998
Decision Date:	07/23/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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, and Pain Medicine, 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 62 year old male who reported an injury to his low back. The injured worker was injured in March 1998 while loading lumber on to a trailer and the load fell on him. A clinical note dated 8/6/13 indicated the injured worker was utilizing soma, Senokot, and oxycontin. A clinical note dated 10/21/13 indicated the injured worker was undergoing an MRI of the lumbar spine which revealed degenerative findings. The injured worker was also prescribed the use of soma and Senokot. A clinical note dated 10/31/13 indicated the injured worker complaining of low back pain. The injured worker rated the ongoing pain as 3-6/10. The injured worker utilized marijuana, soma, diazepam, baclofen, oxycontin, oxycodone, and Wellbutrin, for pain relief. A clinical note dated 11/5/13 indicated the injured worker being prescribed oxycontin for ongoing complaints of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot tab 2 po q12hrs #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation C. J. O'Dea, S. J. H. Brookes, D. A. Wattchow. The efficacy of treatment of injured worker s with severe constipation or recurrent pseudo-

obstruction with pyridostigmine. Colorectal Disease Volume 12, Issue 6, pages 540-548, June 2010.; and Stott, Carol; Graaf, Lisa; Morgan, Patricia; Kittscha, Julia; Fairbrother, Greg. Journal of Wound, Ostomy & Continence Nursing: Randomized Controlled Trial of Laxative Use in Postcolostomy Surgery Patients. September/October 2012 - Volume 39 - Issue 5 - p 524-528.

Decision rationale: The clinical documentation provided for review indicates that the injured worker was utilizing an extensive list of medications to address ongoing complaints of pain. The use of Senokot is indicated for those who are experiencing severe episodes of constipation or preparing for a surgical intervention. The injured worker is utilizing an extensive list of opioids; however, no information was submitted regarding ongoing complaints of constipation. Long term use of Senokot is not well supported by cited research. Therefore, this request is not medically necessary.

Soma 350mg 1 po16hrs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Soma (Carisoprodol); Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. Therefore, the request is not medically necessary.

Oxycontin 80mg 2 po q 6hrs #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Oxycontin is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. No information was submitted regarding the injured worker's continued need for round-the-clock management of pain. Therefore, the request is not medically necessary.