

Case Number:	CM14-0042283		
Date Assigned:	07/02/2014	Date of Injury:	11/03/2012
Decision Date:	08/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/09/2014

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:

Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of right hand pain with associated numbness and tingling. There were also reports of weakness, limited range of motion, dropping of objects and difficulty with gripping and grasping of the right hand. Physical examination revealed moderate diffuse pain of the radial carpal joint bilaterally, positive Finkelstein test bilaterally, Tinel's sign, median nerve compression and Phalens tests were positive on the right. Treatment to date has included Norco and Ambien. Utilization Review from March 14, 2014 denied the request for Senokot-S, prophylactic treatment for constipation for opioid therapy, because the reviewer was unable to find any documentation in the records of concurrent opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senekot-S: Overturned

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

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

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. In this case, according to the progress reports submitted, the patient was prescribed Norco as one of her pain medications. Prophylactic treatment for constipation should be initiated as stated in the guidelines. Therefore, the request for Senokot-S 8.6/50mg #200 is medically necessary.