

<b>Case Number:</b>	CM14-0050212		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/26/2001
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 55 year old male with a date of injury on 7/26/2001. Diagnoses include affective disorder, chronic neck pain, chronic low back pain, and status post multiple shoulder surgeries. Subjective complaints are of neck, shoulder, spine, knee, and right leg pain. Without medication pain was 9/10 and 5/10 with medication. Patient also had complaint of constipation. Physical exam showed grossly normal range of motion in the cervical spine and right shoulder and normal motor strength in the lower extremity. There was decreased lumbar range of motion. Medications include Methadone, Norco, Cymbalta, and Senokot. There are no side effects reported with medications. Records demonstrate that medication helps relieve pain and offers functional improvement, and urine drug screening is present and consistent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including updated urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**Senokot #180:** Overturned

**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 Other Medical Treatment Guideline or Medical Evidence: FDA: SENEKOT [www.drugs.com](http://www.drugs.com).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) recommends that prophylactic treatment of constipation should be initiated with opioid therapy. Medical records note that patient uses Senokot to help relieve constipation. FDA prescribing information indicates that Senokot is used for relief of constipation on an as needed basis, which has been successful for the patient. Since guidelines recommend use of medications for treatment of constipation with opioid use, the request for Senokot is medically necessary.