

Case Number:	CM14-0053426		
Date Assigned:	07/07/2014	Date of Injury:	04/28/1999
Decision Date:	08/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/22/2014

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:

The patient is a 67-year-old female who has submitted a claim for lower leg pain associated with an industrial injury date of April 28, 1999. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in both knees. The pain is aggravated by activity, standing and walking. Pain is rate at 7.5-8/10 with medications and 8.5/10 without medications. The patient also reports chronic gastrointestinal upset. The patient reports constipation as moderate, with current stool softener controlling symptoms. Physical examination revealed tenderness noted in bilateral knees. Moderate swelling is noted in the left knee. The range of motion of bilateral knees was decreased due to pain. Motor exams showed decreased strength in bilateral lower extremities. The treatments to date include physical therapy and medications, such as Norco, Relafen, Cymbalta, Senokot, Soma and Lansoprazole. A utilization review from March 26, 2014 denied the request for Senokot 8.6-50mg 1 q. 6 hours #120 because as the opioid is not recommended to be continued, there is no need for this medication as well. Therefore, medical necessity was not established and the request was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot 8.6-50mg 1 q. 6 hours #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: FDA (Senna).

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. The FDA states that Senna is indicated for short-term treatment of constipation, and preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. In this case, the patient has been on this medication since April 2014 although exact date of initiation is not known. This medication is necessary to manage constipation associated with medication intake since the patient has been on chronic opioid therapy. Furthermore, it was mentioned in the submitted records that patient's symptoms failed to disappear with conservative therapies including dietary changes, increased water intake and attempts to increase activity. Therefore, the request for Senokot 8.6-50mg 1 q. 6 hours #120 is medically necessary.