

Case Number:	CM14-0062016		
Date Assigned:	07/28/2014	Date of Injury:	02/19/2001
Decision Date:	09/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in 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 69 year-old female who has a date of injury of 02/19/2001. The mechanism of injury is not described. Per the clinical note dated 04/03/2014, she presents with low back pain radiating into the left lower extremity. Her pain level is reported to be unchanged since the last visit. She reports no new problems or side effects. Quality of sleep is poor. Her activity level remains unchanged. She is noted to have a higher level of back pain but defers any interventions for now. She reports that while Ambien is helpful in helping her get to sleep, she wakes up in the middle of the night. She does not want to change the Ambien because she feels that her sleep is better without it. Current medications include Aciphex 20mg, Ambien 10mg, Docusate Sodium 100mg, Methadone 10mg, Senokot 187mg, Norco 10/325mg, and Miralax powder. Records indicate that the injured worker undergoes urine drug screenings and is compliant. The records note that she has undergone radiofrequency rhizotomies on 09/08/2009 and 07/15/2008. The record reflects an MRI of the lumbar spine dated 10/04/2006 which notes moderate degenerative bone and disc changes with associated scoliosis noted at L1-2, L2-3, L3-4, and L4-5 with associated bilateral foraminal narrowing. EMG/NCV study notes the presence of a mild L5 radiculopathy on the right and chronic left L5 nerve root irritation with possible L4 mild irritation. On physical examination, range of motion of the lumbar spine is limited secondary to pain. There is tenderness noted over the left paravertebral muscles. Lumbar facet loading is positive on the right side. Straight leg raise is positive on the left at 80 degrees. Motor strength is noted to be 5/5 with the exception of 5-/5 knee extension on the left and 4/5 ankle dorsa flexion on the left. It is reported that she is functionally able to do more with medications as compared to without and subsequently her medications were refilled. The record contains a utilization review determination dated 04/18/2014 in which requests for Senokot tablets 187mg, Methadone 10mg, and Aciphex 20mg were not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot tablets 187mg: Upheld

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 Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid-induced constipation treatment.

Decision rationale: The available clinical records indicate that the injured worker has chronically been maintained on opiate medications secondary to lumbar spinal disease. She currently receives Docusate Sodium 100mg and Miralax powder for opiate induced constipation. As such, Senokot 187mg represents a redundant prescription. The record does not contain any supporting information indicating that Senokot is critical to management of the injured worker's constipation. As such, this request is not medical necessary.