

Case Number:	CM14-0063127		
Date Assigned:	07/21/2014	Date of Injury:	05/19/2013
Decision Date:	08/28/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/06/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 26-year-old female who reported an injury on 05/19/2013. The mechanism of injury was noted to be an assault. The injured worker's diagnoses were noted to be pain in the joint, forearm; and status post scapholunate ligament reconstruction. The injured worker's prior treatments were noted to be physical therapy, medications, and surgery. Her diagnostic studies were noted to be an MRI of the right wrist. The injured worker had surgical intervention on her right wrist on 11/27/2013. The injured worker's subjective complaints in a follow-up appointment on 05/20/2014 were noted to be pain in her left wrist. The injured worker stated after postoperative sessions of physical therapy, her right wrist continued to be symptomatic. She stated her pain in the bilateral upper extremities keeps her up at night and her pain score was a 9/10. The objective findings revealed tenderness to palpation over dorsal left wrist on the ulnar aspect. Pain with range of motion in the wrist included flexion and extension, as well as ulnar deviation. She was wearing a right wrist brace. Medications were noted to be Senokot, tramadol, an albuterol inhaler, amitriptyline, cetirizine, citalopram, ibuprofen, and Terocin patch. The treatment plan was to follow-up with her surgeon and an evaluation for a functional restoration program. The provider's rationale was not provided. A request for authorization for medical treatment was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot S tablet 8.6-50 mg #60, and five (5) refills: 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 Opioids Initiating Therapy Page(s): page 77.

Decision rationale: The request for Senokot S tablet 8.6-50 mg #60, and 5 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend a prophylactic for constipation when initiating opioid therapy. At the time of review, and with the most current clinical documentation submitted, the injured worker had been using senokot; however, it was not noted if it was effective to control constipation. In addition, it was not noted that a new opioid had been initiated with the medication therapy. The provider's request failed to indicate a frequency. Therefore, the request for Senokot S tablet 8.6-50 mg quantity of 60, and 5 refills is not medically necessary.