

Case Number:	CM14-0066500		
Date Assigned:	07/11/2014	Date of Injury:	04/12/2012
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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:

This case involves a 38 year old male with a date of injury of 04/12/12. The request for authorization dated 04/11/2014 is for Senokot tablets. His subjective findings are lower backache and left hip pain. The objective findings include left sided push off antalgic gait, lumbar spine range of motion is restricted, lumbar facet loading is positive on the left side, tenderness noted over the sacroiliac spine, left hip range of motion is restricted, tenderness is noted over the trochanter, and motor strength of extensor hallucis longus I 4/5 on the left. His current diagnosis includes low back pain, knee pain, pain in joint lower leg, hip pain, and lumbar radiculopathy. Treatment to date includes medications including chronic opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot Tablets: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Pain Chapter regarding opioid induced constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: The MTUS does not address the issue. Official Disability Guidelines (ODG) identifies if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. In addition, ODG identifies documentation of failure of first-line treatment to support the medical necessity of medications for the treatment of opioid-induced constipation. Within the medical information available for review, there is documentation of diagnoses of low back pain, knee pain, and pain in joint lower leg, hip pain, and lumbar radiculopathy. In addition, given documentation of chronic opioid use, there is documentation that prescribing opioids has been determined to be appropriate. Therefore, based on guidelines and a review of the evidence, the request for Senokot tablets is medically necessary.