

Case Number:	CM14-0080309		
Date Assigned:	07/18/2014	Date of Injury:	02/04/2004
Decision Date:	08/18/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/31/2014

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 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:

According to the records made available for review, this is a 50-year-old male with a 2/4/04 date of injury and status post C5-C6 decompression and fusion with revision on 3/27/06, and status post C3-4 cervical spinal fusion and discectomy in April 2013. At the time (5/28/14) of the Decision for 1 Month Supply of Senokot - S, there is documentation of subjective (ongoing neck pain radiating to the shoulders with numbness of the left upper extremity to the wrist) and objective (decreased cervical range of motion, decreased triceps and brachioradialis reflexes, tenderness to palpation over the trapezius and greater occipital areas with spasms on the bilateral cervical spine areas, and decreased strength of the bilateral upper extremities) findings, current diagnoses (status post C5-C6 fusion, status post revision C5-6 fusion, cervical spondylosis with stenosis status post C3-4 fusion and discectomy, and ongoing chronic neck pain), and treatment to date (medications (ongoing therapy with Norco), injections, physical therapy, and cervical decompression and fusion). In addition, medical report plan identifies start Senokot-S to help with constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Supply of Senokot - S: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Initiating therapy Page(s): 77. Decision based on Non-MTUS Citation FDA.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The FDA identifies documentation of a diagnosis/condition for which Senokot is indicated (such as short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (eg, after anorectal surgery, MI); to evacuate the colon for rectal and bowel examinations; prevention of dry, hard stools; preoperative and preradiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use), as criteria necessary to support the medical necessity of Senokot. Within the medical information available for review, there is documentation of diagnoses of status post C5-C6 fusion, status post revision C5-6 fusion, cervical spondylosis with stenosis status post C3-4 fusion and discectomy, and ongoing chronic neck pain. In addition, given documentation of ongoing treatment with Norco and a plan identifying to start the patient on Senokot-S to help with constipation, there is documentation of a diagnosis/condition for which Senokot is indicated (prophylactic treatment of constipation and chronic opioid use). Therefore, based on guidelines and a review of the evidence, the request for 1 Month Supply of Senokot - S is medically necessary.