

Case Number:	CM15-0004546		
Date Assigned:	01/15/2015	Date of Injury:	02/27/2014
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 61 year old male sustained an industrial injury on 2/27/14 due to a fall. He was diagnosed with right shoulder impingement syndrome, bilateral carpal tunnel syndrome, and probable lumbar plexus injury. He subsequently reports chronic back pain with radiation to the lower extremities. The injured worker has undergone radiological and nerve conduction studies and was prescribed physical therapy. Current medications include Neurontin, Norco, Restoril and Colace. The UR decision dated 12/18/14 non-certified Senokot prescribed 11/5/14. The Senokot was denied based on the fact that the injured worker was already prescribed a stool softener. This 61 year old male sustained an industrial injury on 2/27/14 due to a fall. He was diagnosed with right shoulder impingement syndrome, bilateral carpal tunnel syndrome, and probable lumbar plexus injury. He subsequently reports chronic back pain with radiation to the lower extremities. The injured worker has undergone radiological and nerve conduction studies and was prescribed physical therapy. Current medications include Neurontin, Norco, Restoril and Colace. The UR decision dated 12/18/14 non-certified Senokot prescribed 11/5/14. The Senokot was denied based on the fact that the injured worker was already prescribed a stool softener.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot Prescribed 11/5/14: Overturned

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 Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states:(a) Intermittent pain: Start with a short-acting opioid trying one medication at a time.(b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required.(c) Only change 1 drug at a time.(d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. This medication works differently in the treatment of constipation than a stool softener. Therefore the request is certified.