

Case Number:	CM15-0108937		
Date Assigned:	06/15/2015	Date of Injury:	02/20/2001
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old female sustained an industrial injury on 2/20/01. She subsequently reported back pain. Diagnoses include lumbar/lumbosacral disc degeneration. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience chronic low back pain, spasms, burning pain and stabbing pain that radiates down the right leg. Upon examination, lumbar range of motion is reduced. Palpation reveals rigidity in the lumbar trunk. Straight leg raise cause left side back pain at 80 degrees bilaterally. The treating physician made a request for Senokot medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

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

Decision rationale: The claimant sustained a work injury in February 2001 and continues to be treated for chronic back pain. Medications are referenced as providing at least a 50% improvement in pain and function. When seen, there was decreased spinal range of motion with muscle spasms. There was decreased left lower extremity strength, sensation, and an absent left Achilles reflex. There was low back pain with straight leg raising. Medications being prescribed included MS Contin and Norco. Guidelines recommend treatment due to opioid-induced constipation, which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant continued to take opioid medication at an MED (morphine equivalent dose) of 120 mg per day and therefore Senokot was medically necessary.