

Case Number:	CM15-0142887		
Date Assigned:	08/03/2015	Date of Injury:	07/19/2011
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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:

The injured worker is a 49 year old male with an industrial injury dated 07-01-1996. His diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, gastroesophageal reflux disease, painless rectal bleeding and constipation. Prior treatment included heat, ice, rest, gentle stretching and exercise and medications. He presents on 07-08-2015 for routine office visit and medication refills. He states that low back and bilateral leg pain level is 6 out of 10 without medications and with medications it is 4 out of 10. He complained of increased pain in his left leg and constipation. Physical exam of lumbar area revealed tenderness and pain of lumbar region with positive bilateral straight leg raising. Extension was restricted by 90%, flexion was restricted by 60% and lateral bending was restricted by 40%. The treatment plan included medications and follow up in one month. The requested treatment is for Senokot #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Therapy) Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

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. Therefore, the request is medically necessary.