MAXIMUS Federal Services

Case Number:	CM15-0144185		
Date Assigned:	08/05/2015	Date of Injury:	03/01/2009
Decision Date:	08/31/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/24/2015

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 (IW) is a 50-year-old female who sustained an industrial injury on 03/01/2009. She reported falling forward onto her knees and landing on her right wrist. She experienced right hand pain, right shoulder pain, and swelling in her right knee with injury to her right upper extremity. The injured worker was diagnosed as having a fractured right wrist that was non-operative. The fracture was set and casted. She had physical therapy and multiple casting. She later was diagnosed with Kienbock's disease, and underwent surgery in 2010, and pain management with a trial of a spinal cord stimulator, an intravenous ketamine infusion, lumbar sympathetic nerve blocks, and a rehabilitation program. Later diagnoses that the worker is currently being treated for include: Reflex sympathetic dystrophy of the upper limb. Reflex sympathetic dystrophy of the lower limb. Currently, the injured worker complains of pain that is 8 out of 10 in severity on any given day. The pain is in the right wrist and radiates to the right forearm to color bone with occasional left hand pain. She also complains of pain from toes to groin bilaterally worse on the right side. Medications are helpful for the pain, and her pain is worse with movement, walking, and touch. Her medications include Dilaudid 4 mg which is being decreased to 1 tablet every six hours , Dilaudid 8 mg, 1 tablet every six hours for breakthrough pain, Exalgo 16 mg orally on a daily basis for baseline control. Cymbalta, Tizanide, Ibuprofen, Celebrex. Colace 100 mg twice daily, and Senokot S, twice daily is ordered for a laxative. Treatment will continue with medications as above, and the worker is to be seen in follow up in 4 weeks. A request for authorization was made for the following: Senokot S. 2 Tabs Daily as Needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot S. 2 Tabs Daily As Needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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.