

Case Number:	CM15-0180861		
Date Assigned:	09/22/2015	Date of Injury:	07/31/2007
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California
 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 75-year-old female, with a reported date of injury of 07-31-2007. The diagnoses include status post foraminotomy, posterior fusion, instrumentation from L3-S1, and history of recent stroke. Treatments and evaluation to date have included Tramadol, Neurontin, Colace, Lactulose solution, Zanaflex, and physical therapy for the lumbar spine. The diagnostic studies to date have included x-rays of the lumbar spine on 02-03-2015, which showed scoliosis, and stable postoperative and degenerative findings. The progress report dated 08-13-2015 indicates that the injured worker had low back pain. The injured worker had a fall three weeks prior, and twisted her low back. There was documentation that the injured worker has been taking Tramadol sparingly because of the side effects. It was noted that the medication caused constipation and she had increased pain towards the coccyx area in the lower back. The objective findings include difficulty arising from a seated position and tenderness across the lumbosacral junction and down towards the tailbone. The treatment plan included a prescription for Senokot-S, two tablets up to four times a day #240 for a one-month supply. It was noted that the injured worker was limited to sedentary work only. The treating physician requested Senokot-S #240. On 08-27-2015, Utilization Review (UR) non-certified the request for Senokot- S #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot-S #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, steps to avoid misuse/addiction.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The claimant had been on Tramadol for several months and used it sparingly due to side effects. The claimant was on multiple stool softeners and motility agents in the past including Colace and Lactulose. Discontinuing opioids is more appropriate since the claimant's symptoms of constipation are chronic. The use of Senokot is not medically necessary.