

Case Number:	CM15-0201051		
Date Assigned:	10/16/2015	Date of Injury:	10/19/2012
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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:

The injured worker is a 25 year old female who sustained an industrial injury on October 19, 2012. The worker is being treated for: low back pain, lumbar radiculopathy, lumbago, sciatica, lumbar herniated disc, lumbar stenosis and facet arthropathy. Subjective: June 03, 2015, July 30, 2015, September 09, 2015 low back pain, stiffness, heaviness, numbness and tingling radiating to bilateral lower extremities with parasthesia's, psychiatric complaint. Objective: September 09, 2015 tenderness to palpation of bilateral sacroiliac joints and lumbar paravertebral muscles. There is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. Positive SLR. Medications: September 09, 2015 Neurontin, Senokot, Elavil, and Percocet. July 30, 2015 Neurontin, Senokot, Vicodin, and Elevil. Treatment modalities: activity modification, medications, physical therapy, pending authorization for epidural injection, weight loss program, aquatic therapy. On September 11, 2015 a request was made for Senokot 8.6 mg #30 and Percocet 10mg 325mg #60 that were noncertified on the Senokot and modified the Percocet by Utilization review on September 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot 8.6mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid-induced constipation.

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 October 2012 and is being treated for chronic low back pain with lower extremity radicular symptoms. In May 2015 pain with medications was rated at 10/10. Medications included Norco at a total MED (morphine equivalent dose) of 20 mg per day. In July 2015 pain was rated at 5/10. Vicodin was being prescribed at an MED of 10 mg per day. When seen in September 2015, pain with medications was rated at 9/10. There were radiating lower extremity symptoms. Physical examination findings included decreased lumbar range of motion. There was paravertebral muscle and sacroiliac joint tenderness bilaterally. There were paravertebral muscle and gluteal muscle spasms. Seated straight leg raising was positive. The claimant's body mass index is nearly 49. Percocet 10/325 #60 was prescribed. The MED was increased to 30 mg per day. Senokot is being prescribed. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. Most patients are initially treated with lifestyle modifications, such as increased fluid intake, and increased dietary fiber intake. Additional fiber intake in the form of polycarbophil, methylcellulose, or psyllium may improve symptoms. The next step in the treatment of constipation is the use of an osmotic laxative, such as polyethylene glycol, followed by a stool softener, such as docusate sodium, and then stimulant laxatives such as Senokot. In this case, there is no evidence that the claimant has failed the recommended initial treatments for opioid induced constipation. Prescribing Senokot is not considered medically necessary.

Percocet 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2012 and is being treated for chronic low back pain with lower extremity radicular symptoms. In May 2015 pain with medications was rated at 10/10. Medications included Norco at a total MED (morphine equivalent dose) of 20 mg per day. In July 2015 pain was rated at 5/10. Vicodin was being prescribed at an MED of 10 mg per day. When seen in September 2015, pain with medications was rated at 9/10. There were radiating lower extremity symptoms. Physical examination findings included decreased lumbar range of motion. There was paravertebral muscle and sacroiliac joint tenderness bilaterally. There were paravertebral muscle and gluteal muscle

spasms. Seated straight leg raising was positive. The claimant's body mass index is nearly 49. Percocet 10/325 #60 was prescribed. The MED was increased to 30 mg per day. Senokot is being prescribed. Percocet (oxycodone/acetaminophen) is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing severe pain. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.