MAXIMUS Federal Services

Case Number:	CM15-0218331		
Date Assigned:	11/10/2015	Date of Injury:	07/24/2013
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, 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:

This is a 74 year old male patient, who sustained an industrial injury on 7-24-13. The diagnoses include rotator cuff syndrome; adhesive capsulitis shoulder; chronic pain syndrome. Per the PR-2 notes dated 10-23-15, he had complains of right shoulder, right arm and low back pain at 8/10 as achy, burning, throbbing, shooting, numbness, pressure and constant; pain worse with activity. Physical exam revealed right shoulder- painful and decreased range of motion. Current medications are listed as: Norco, ciprofloxacin, metronidazole, atenolol, lovastin, doxazocin, potassium, Prilosec, furosemide, iron, Warfarin, Benadryl, and Colace from Primary physician (PMD). The provider noted, Patient stopped gabapentin and feels no difference in pain level. The patient still complains of chronic numbness, tingling, pain, weakness radiating down right arm and fingers. Recommended a trial of Lyrica to treat the chronic pain. The patient continues to complain of constipation due to multiple medication use. Recommend continuing Senokot as authorized. The PR-2 note dated 8-22-15 includes a request for Senokot and the provider notes the patient will continue treatment and follow-up with PMD regarding intestinal issues. The note also documented the patient was receiving prescribed Colace from the PMD. Treatment to date has included medications. A Request for Authorization is dated 11-5-15. A Utilization Review letter is dated 11-3-15 and non-certification for Senekot 8.6mg, per 10-23-15 order #30. A request for authorization has been received for Senekot 8.6mg, per 10-23-15 order #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senekot 8.6mg, per 10/23/15 order qty 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS 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 (ODG) Chapter: Pain (updated 12/02/15) Opioid-induced constipation treatment and Other Medical Treatment Guidelines Thompson Micromedex, Herbal use, Senna.

Decision rationale: Senekot contains senna. Per the cited guidelines "3) Initiating Therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. .... (d) Prophylactic treatment of constipation should be initiated." According to the Thompson Micromedex " Senna is stated to possess cathartic properties (leaf greater than fruit) and has been used traditionally for constipation." The medications list includes an opioid-norco, which may cause constipation. Colace has been prescribed by the patient's PMD- primary medical doctor. The response to colace is not specified in the records provided. The rationale for an additional medication for the treatment of constipation is not specified in the records provided. The medical necessity of Senekot 8.6mg, per 10/23/15 order qty 30.00 is not fully established for this patient.