

Case Number:	CM15-0060461		
Date Assigned:	04/06/2015	Date of Injury:	01/19/2013
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: New Jersey, New York
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 57-year-old female, who sustained a work/industrial injury on 1/19/13. She has reported initial symptoms of left ankle and hip pain. The injured worker was diagnosed as having hip fracture and chronic pain syndrome. Treatments to date included medication, physical therapy, aquatic therapy, and cognitive behavioral therapy. Currently, the injured worker complains of low back pain, coccyx, left hip, and pelvis pain that was described as throbbing, achy, and pressure and rated 3-5/10. The treating physician's report (PR-2) from 2/27/15 indicated increased tenderness in the coccyx (tailbone). Treatment plan included Senokot-S and Wellbutrin SR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot-S 1-2po QHS #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid - induced constipation treatment.

Decision rationale: The request is considered not medically necessary. ODG guidelines were used, as MTUS does not address Senokot use. Senokot is a stool softener. The patient had been on chronic opioid, which would lead us to infer that the patient is suffering from opioid-induced constipation. However, there is no documentation that the patient was continued on opioids currently and has constipation requiring this medication. The patient was documented not to have any side effects from the medication. Therefore, the request is considered not medically necessary at this time.

Wellbutrin SR 150mg 1po QD #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, Wellbutrin has been shown to be effective in relieving neuropathic pain but there is no evidence of efficacy in treating non-neuropathic chronic low back pain. The patient does not have neuropathic pain documented in the chart. The patient is not being treated for a depressive mood disorder as well. Wellbutrin is not indicated at this time. Therefore, the request is considered not medically necessary.