

Case Number:	CM14-0147637		
Date Assigned:	09/15/2014	Date of Injury:	10/15/2009
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old female who reported an injury on 10/15/2009. The mechanism of injury was twisting. The diagnosis included lumbar spine radiculopathy. Previous treatments were not relevant. The injured worker was noted to have had back surgery. The progress note, dated 08/06/2014, noted the injured worker complained of pain radiating down her left leg to her toes with numbness and weakness. The pain was treated with a transcutaneous electrical nerve stimulator and Tramadol. There were no documented gastrointestinal complaints. The medications included Metformin, Omeprazole, and Orphenadrine Citrate. The treatment plan requested to continue the present program and continue the present medication regimen. The Request for Authorization form was submitted for review on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot-S 8.6-50mg.: Upheld

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

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 rationale the request for Senokot-S 8.6-50 mg is not medically necessary. The injured worker complained of back pain radiating down her left leg and was noted to be taking tramadol twice a day and Orphenadrine twice a day. There was no assessment of gastrointestinal symptoms. The Official Disability Guidelines recommend over the counter laxatives along with adequate water intake, physical activity, and fiber, as the first line treatment to help increase gastric motility for opioid induced constipation. Therefore the request is not medically necessary.