

Case Number:	CM14-0093376		
Date Assigned:	07/23/2014	Date of Injury:	07/06/1999
Decision Date:	09/19/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 52-year-old female was reportedly injured on July 6, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 1, 2014, indicated that there were ongoing complaints of low back pain, particularly after a recent fall. The physical examination demonstrated a hypertensive state (140/98) in this 5'4", 240 pound individual. This morbidly obese, hypertensive individual does present in a motorized scooter. The remainder of the physical examination was deferred. Diagnostic imaging studies were not presented. Previous treatment included multiple medications, physical therapy and pain management techniques. A request had been made for the medication Senokot-S and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot-S, unspecified quantity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:1.McQuaid KR. Chapter 15. Gastrointestinal Disorders. In: Papadakis MA, McPhee

SJ, Rabow MW. eds. CURRENT Medical Diagnosis & Treatment 2014. New York, NY: McGraw-Hill; 2014.

Decision rationale: When noting the date of injury, the injury sustained, the numerous comorbidities, the morbid obesity and other findings, it is interesting to note that there are no complaints relative to constipation. Furthermore, there are no gastric system issues noted in the progress notes presented for review. This preparation is a laxative that assists with issues relative to constipation. Seeing that there are no specific complaints, no specific findings on the physical examination, and taking into account that the MTUS, ACOEM and ODG do not address this over-the-counter preparation, there is no medical necessity established in these notes.