

Case Number:	CM14-0212870		
Date Assigned:	12/30/2014	Date of Injury:	01/29/2004
Decision Date:	02/27/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 57 year-old male with a 1/29/2004 date of injury. According to the 12/1/14 pain management report, the patient presents with chronic low back and bilateral knee pain. His diagnoses include: lumbar disc displacement without myelopathy; cervical disc displacement; neck pain; stenosis lumbar spine; degeneration of lumbar disc. He takes buprenorphine, Orphenadrine, and complains of constipation but it was controlled with the combination of docusate, Senokot-S and Miralax. On 12/06/2014 utilization review denied the use of Senokot and Miralax for opiate induced constipation. The reviewer states the patient is taking three of the first-line medications for constipation, and they are helping, but the guidelines state that a second-line medication is recommended if the first-line treatments do not work.

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 quantity 60 with 6 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The available records show the patient has been on opioids for over 6-months, and continues to use buprenorphine. He had had complaints of opioid induced constipation, but has also been stable with use of both Senokot-S and Miralax for over 6-months. MTUS Chronic Pain Medical Treatment Guidelines, page 77 under the heading: Therapeutic Trial of Opioids, Initiating Therapy states that when initiating a trial of opioids, that Prophylactic treatment of constipation should be initiated. The request for Senokot-S appears to be in direct accordance with MTUS guidelines. The request for Senokot-s 8.6-50mg quantity 60 with 6 refills is medically necessary.

Miralax powder 17gms quantity 1020 with 6 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The available records show the patient has been on opioids for over 6-months, and continues to use buprenorphine. He had had complaints of opioid induced constipation, but has also been stable with use of both Senokot-S and Miralax for over 6-months. MTUS Chronic Pain Medical Treatment Guidelines, page 77 under the heading: Therapeutic Trial of Opioids, Initiating Therapy states that when initiating a trial of opioids, that Prophylactic treatment of constipation should be initiated. The request for Miralax appears to be in direct accordance with MTUS guidelines. The request for Miralax powder 17gms quantity 1020 with 6 refills is medically necessary.