

<b>Case Number:</b>	CM15-0115258		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	02/17/2003
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 58 year old female, who sustained an industrial injury on 2/17/2003. She reported back pain. Diagnoses have included post-laminectomy syndrome, left partial foot drop due to lumbar radiculopathy, chronic central left sided low back pain with bilateral leg symptoms and depression duet to chronic pain. Treatment to date has included surgery, acupuncture and medication. According to the progress report dated 5/27/2015, the injured worker complained of chronic low back pain, left leg and foot pain. She was using Duragesic patches, Norco and Gabapentin for pain control. She reported that her medications reduced her pain from 8/10 to 3/10. Objective findings revealed the injured worker to be wearing a spiral ankle foot orthotic (AFO). She had pain over the lumbar paraspinal musculature. She had pain with flexion and extension due to a recent unrelated hernia surgery. Authorization was requested for Senokot-S.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Senokot-S #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids induced constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The requested (1) Prescription of Senokot-S #120, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has chronic low back pain, left leg and foot pain. She was using Duragesic patches, Norco and Gabapentin for pain control. She reported that her medications reduced her pain from 8/10 to 3/10. Objective findings revealed the injured worker to be wearing a spiral ankle foot orthotic (AFO). She had pain over the lumbar paraspinal musculature. She had pain with flexion and extension due to a recent unrelated hernia surgery. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, (1) Prescription of Senokot-S #120 is not medically necessary.