

Case Number:	CM15-0122845		
Date Assigned:	07/07/2015	Date of Injury:	08/16/1997
Decision Date:	07/31/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/25/2015

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: North Carolina

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 was a 54-year-old male, who sustained an industrial injury, August 16, 1997. The injured worker previously received the following treatments Robaxin, Ambien, Baclofen, Avinza, Oxycodone, Senokot S, random toxicology laboratory studies were consistent with mediation list on January 26, 2015 and radiofrequency ablations, which have helped control the pain. The injured worker was diagnosed with lumbosacral spondylosis without myelopathy, degenerative disc disease and back pain with radiculopathy exiting. According to progress note of May 18 2015, the injured worker's chief complaint was back pain. The injured worker received 50-60% relief of pain with medications and without medications, the injured worker was resting 70% of the time. Overall, the injured worker noted a 30% improvement in the pain with the use of medications. The physical exam noted tenderness in the right and left paravertebral regions at the L4-L5 and L5-S1 levels. There was tenderness at the bilateral sacroiliac joints. Extension of the lumbar spine was positive for back pain. The right lateral bending caused back pain. Right lateral rotation of the lumbar spine was positive for back pain, as well as, the left lateral rotation. The sensation to the bilateral lower extremities was intact. The motor strength to the bilateral lower extremities was five out of five strength. The reflexes to the bilateral lower extremities were equal and 2 plus. The treatment plan included a prescription refill for Senokot S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot S 50mg/8. 6mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation Page(s): 77,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is certified.