

Case Number:	CM15-0176760		
Date Assigned:	09/17/2015	Date of Injury:	02/20/2001
Decision Date:	11/19/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/08/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial injury on 2-20-2001. The medical records indicate that the injured worker is undergoing treatment for low back pain with radicular symptoms in the left leg, status post lumbar laminectomy and fusion L4-5, and failed laminectomy syndrome. According to the progress report dated 7-21-2015, the injured worker presented with complaints of severe, sharp, stabbing low back pain with radiation down her right leg, associated with a burning sensation. On a subjective pain scale, she rates her pain 4 out of 10 with medications and 8 out of 10 without. The physical examination reveals palpable spasm, decreased range of motion, sensory loss to light touch and pinprick along the left lateral calf and bottom of her foot, decreased motor strength (4 out of 5), and absent left Achilles reflex. The current medications are MS Contin, Norco, Flexeril, Ibuprofen, Wellbutrin, Cymbalta, Miralax, Colace, and Senokot (since at least 4-21-2015). Treatments to date include medication management and surgical intervention. Work status is not indicated. The original utilization review (8-4-2015) had non-certified a request for Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Senokot #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

Decision rationale: The patient presents with pain affecting the low back with radiation down her right leg. The current request is for 1 Prescription of Senokot #120. The treating physician report dated 7/21/15 (267B) states, "Senokot 2 tabs twice daily for constipation." MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." In this case, the patient is currently taking MS Contin and Norco and the physician documented that the medication was causing constipation. Furthermore, the treating physician notes that the patient's current medication regimen keeps her functional. MTUS states prophylactic treatment of constipation is recommended. The current request is medically necessary.