

Case Number:	CM15-0178150		
Date Assigned:	09/18/2015	Date of Injury:	12/01/2002
Decision Date:	10/21/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, California
 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 is a 50 year old female, who sustained an industrial injury on 12-1-2002. Medical records indicate the worker is undergoing treatment for cervical degenerative disc disease-degenerative joint disease status post fusion and right shoulder tendinitis-bursitis-capsulitis. A recent progress report dated 8-19-2015, reported the injured worker complained of pain rated 8 out of 10 with medications and 9 out of 10 without medications. Physical examination revealed pain restricted cervical and bilateral shoulder range of motion. Left shoulder range of motion was flexion 140 degrees, abduction 150 degrees and external rotation 50 degrees. Magnetic resonance imaging from 8-12-2014 showed anterior cervical discectomy and fusion with improved stenosis. Treatment to date has included surgery, Colace, Senokot, Voltaren gel 1%, Protonix, and Percocet since at least 6-20-2012. On 8-27-2015, the Request for Authorization requested Colace 100mg #60 with 5 refills and Senokot 187mg #30 with 5 refills. On 9-3-2015, the Utilization Review non-certified the request for Colace 100mg #60 with 5 refills and Senokot 187mg #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) - Opioid induced constipation treatment, 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, dosing.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids for years. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. Long-term use of opioids is not indicated. In addition, long-term use of multiple stool softeners is not indicated (as provided to the claimant). Continued use of Colace with 5 refills is not medically necessary.

Senokot 187mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) - Opioid induced constipation treatment, 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, dosing.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids for years. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. Long-term use of opioids is not indicated. In addition, long-term use of multiple stool softeners is not indicated (as provided to the claimant). Continued use of Senokot with 5 refills is not medically necessary.