

Case Number:	CM15-0090662		
Date Assigned:	05/15/2015	Date of Injury:	05/06/1996
Decision Date:	06/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/11/2015

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 72-year-old female, who sustained an industrial injury on May 6, 1996, incurring low back injuries. She was diagnosed with lumbosacral spondylosis without myelopathy and degenerative disc disease. Treatment included epidural steroid injection, pain medications, physical therapy, anti-inflammatory drugs, and muscle relaxants. Currently, the injured worker complained of chronic low back pain and increased radicular pain into both legs. She complained of constipation from ongoing use of pain medications. Back pain decreased significantly after the use of insoles and orthoses. The treatment plan that was requested for authorization included a prescription for Senokot and orthopedic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82.

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 months. 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. Continued use of Senokot is not medically necessary.

Orthotic shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Shoe insoles/lifts.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-376.

Decision rationale: According to the guidelines, rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Night splints, as part of a treatment regimen. In this case, the claimant had Morton's neuroma, which can cause metatarsalgia and difficulty in walking. The claimant had orthotics, which were beneficial. There was no mention of the improper fitting of the orthotics, excessive wear or age provided. As a result, the request for new orthotics is not justified and not medically necessary.