MAXIMUS Federal Services

Case Number:	CM13-0051023		
Date Assigned:	12/27/2013	Date of Injury:	04/06/1999
Decision Date:	04/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40 year old male who was injured on 04/06/1999 while simultaneously twisting his trunk. He felt pain in his neck, mid-back, and low back. Prior treatment history has included intrathecal pain pump trial, hot and cold compresses, TENS unit, physical therapy, pain management psychotherapy, epidural steroid injections, home exercise program and aquatic therapy. The patient underwent posterior spinal dynamic stabilization implants with indirect decompression and fusion from L4-S1 on 02/11/2008. 10/11/2013 Medications Included: Skelaxin 800 mg Cymbalta 60 mg Oxycodone Hcl 30 mg Flector 1.3% patch DSS 250 mg Senna 8.6 mg Neurontin 300 mg Ambien 10 mg Methadone 10 mg Trazodone 50 mg Norco 10-325 mg Diazepam 10 mg Methadone Hcl Cymbalta 60 mg Lisinopril 10 mg Diagnostic studies reviewed include: MRI of the lumbar spine performed on01/04/2010 revealed broad-based disc bulge with prominent posterior epidural fatty deposition at L3-L4. MRI of the lumbar performed on 02/02/2010 displayed degenerative disc disease at L3-L4 with a slight decrease in disc height. MRI of the lumbar dated 09/12/2000 revealed degenerative disc disease and a small central disc protrusion at L4-S1 and borderline central stenosis at L4-L5. Electrodiagnostic studies performed on 09/25/2000 revealed chronic L4-L5 radiculopathy on the left. MRI of the lumbar dated 05/07/1999 revealed degenerative disc disease at L4-S1 with a subligamentous disc protrusion at the midline of L4-L5 and a bulging annulus at L5-S1. Office note dated 10/11/2013 indicated the patient has an increase in low back pain that he has had over the last week. He continues to have numbness in the LLE which is his baseline. There are no precipitating events to the pain. He had trouble standing up from a chair. The pain has gotten progressively worse each day. He has been using his medications, ice, head, and the TENS unit to relieve his pain. He has not increased his pain medications. The patient was diagnosed with post-laminect syndrome-lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENNA 8.6MG #60 WITH FIVE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics; Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Pain, Opioid-induced constipation treatment

Decision rationale: According to the ODG, opioid induced constipation treatment is recommended "When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general." The patient is documented to be on an opioid regimen; however there is no documentation that the patient has ever complained of constipation or abdominal pain. Moreover, there are no documents that show an objective abdominal exam, including bowel sound auscultation and palpation of the abdomen. Further, there is no discussion that the patient was informed of the lifestyle changes mentioned above, or that the patient has failed with these treatments while having prescription induced constipation. The request is thus not certified.