

Case Number:	CM13-0054390		
Date Assigned:	12/30/2013	Date of Injury:	06/02/1997
Decision Date:	03/20/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 physician 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 60-year-old male who reported an injury on 06/02/1997. The mechanism of injury was not provided for review. The patient ultimately developed chronic pain of the neck that radiated into the bilateral upper extremities, rated at a 6/10 to 7/10. The patient's pain was managed with medications, to include Ambien CR, Avilide, DSS sodium, Fentanyl, Lidoderm patches, MSIR capsules, nortriptyline, senna, Tegaderm and topical testosterone. The patient's most recent clinical examination findings included tenderness to palpation over the paracervical and facet capsules and decreased range of motion. The patient's treatment plan included medication refills and an orthopedic consultation for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8/6 tablets, 60 count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Opioids Section, Initiating Therapy Section Page(s): 60, 77.

Decision rationale: The requested 4 senna 8.6 tablets #60 with 3 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of medications to prophylactically treat constipation for patients who are on chronic opioid therapy. The clinical documentation submitted for review does indicate that the patient has managed pain on opioid therapy; however, the efficacy of this medication cannot be established as there is no assessment of the patient's gastrointestinal system or an evaluation of side effects regarding the medication usage. The Official Disability Guidelines do recommend the use of medications in the management of a patient's chronic pain be supported by functional benefits and symptom relief. As there is no documentation to support functional benefit and symptom relief related to the usage of this medication, the continued use would not be indicated. The request for Senna 8/6 tablets, 60 count with three refills, is not medically necessary or appropriate.