

<b>Case Number:</b>	CM13-0070025		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/27/2002
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Preventive Medicine, has a subspecialty in Occupational and Environmental 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 61 year old male who was injured on 08/27/2002. Mechanism of injury is unknown. A PR-2 dated 09/27/2013 documented the patient stating he has been stable since his last visit with persistent pain complaints. He has limitations with his activities. A PR-2 dated 10/25/2013 documented the patient with complaints of ongoing back and leg complaints that he rates a 4-5/10 with medications and 8-9/10 on the pain scale. He has been stable since last visit. Pain level does fluctuate depending on his level of activity. He continues to have limitations with his activities due to his pain complaints. He states the last time he worked was August 2002. Objective findings on exam show his gait is normal. There is tenderness to palpation of the bilateral lumbar paraspinals. Decreased sensation is noted in left L3, L4, L5 and S1 dermatomes. There is weakness throughout the lower extremities secondary to pain. Urine toxicology report dated 12/28/2012 is consistent with his medications. CURES report dated 02/13/2013 consistent with current providers. Treatment plan is to continue medications that are helping his pain level and allowing for an increased level of function. He was provided today with MS Contin 30 mg up to six per day, advised to take one po tid as well as then we will be increasing the Norco 10/325 mg up to six per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SENNA #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** CA MTUS treatment guidelines state that with use of opioid medications, prophylactic treatment of constipation should be initiated. The records show that this patient is on heavy opiate medications and, therefore, aggressive prophylactic treatment of constipation is warranted and medically necessary.