

Case Number:	CM14-0167573		
Date Assigned:	10/14/2014	Date of Injury:	05/22/2002
Decision Date:	11/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 5/22/02 date of injury. At the time (8/16/14) of request for authorization for Senna 8.6/50 and Miralax 8.5gm #3 bottles, there is documentation of subjective (headache, neck and right arm pain) and objective (not specified) findings, current diagnoses (lumbar disc degenerative disease), and treatment to date (medications (including ongoing treatment with Oxycodone, Cyclobenzaprine, Zonisamide, and Clonazepam)). Regarding Senna 8.6/50, there is no documentation of constipation. Regarding Miralax 8.5gm #3 bottles, there is no documentation of constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6/50: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/senna.html>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of constipation and Senna used as a second-line option, as criteria necessary to support the medical necessity of Senna. Within the medical information available

for review, there is documentation of a diagnosis of lumbar disc degenerative disease. In addition, there is documentation of Senna used as a second-line option. However, there is no documentation of constipation. Therefore, based on guidelines and a review of the evidence, the request for Senna 8.6/50 is not medically necessary.

Miralax 8.5gm #3 bottles: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-17116-Miralax+Oral.aspx?drugid=17116>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies Miralax as an osmotic-type laxative used to treat occasional constipation. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc degenerative disease. However, there is no documentation of constipation. Therefore, based on guidelines and a review of the evidence, the request for Miralax 8.5gm #3 bottles is not medically necessary.