

Case Number:	CM14-0047524		
Date Assigned:	06/20/2014	Date of Injury:	12/26/2002
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 59-year-old male who reported an injury on 12/26/2002. The mechanism of injury was noted to be a fall. Prior treatments included chiropractic care, morphine, surgery, and rehab. Diagnosis was noted to be cervical herniated disc and lumbar herniated disc. Within a clinical evaluation on 04/03/2014 the injured worker complained of neck and low back pain. The injured worker also stated that within the last month his medications had been cut. The objective findings were weakness and decreased sensation of the lower extremities. The exam included review of the injured workers MRI of the cervical and lumbar spine and education on surgical treatment. The injured worker responded, stating his pain was not bad enough for surgical intervention. The provider's rationale for the requested medication was not provided within the clinical documentation. The Request for Authorization for Medical Treatment was not provided for the medication requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6 mg, quantity 360 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, 2009 Oct. page 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Take Before a Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate prophylactic treatment of constipation with use of opioids; however, there is no documentation to support that the injured worker is on opioids at this time. In addition, the request fails to provide a frequency for Senna. Therefore, the request for Senna 8.6 mg, quantity: 360 with 5 refills are not medically necessary and appropriate.