

Case Number:	CM14-0050246		
Date Assigned:	06/25/2014	Date of Injury:	01/31/2003
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 40 year old female who reported an injury on 01/31/2003 due to straining her back at work. The injured worker had her first visit to the physician on 10/22/2013. The physician noted the physical exam was severely limited as the injured worker was guarded and crying. Pain reported 10/10; allodynia was noted upon palpitation to the lumbar region and with passive range of motion to the bilateral lower extremities with radiating pain to the back. The injured worker's medical history includes status post L3-S1 fusion (10/21/2008), radiofrequency ablation (RFA) (09/30/2013), spinal cord stimulator (SCS) trial (08/18/2011) with worsening pain, trigger point with no relief, physical therapy with no relief, TENS unit with no relief, acupuncture with no relief, hypertension and psychotherapy with good relief for anxiety, depression and sleep disturbances. The physician assessed these diagnoses: post lumbar laminectomy syndrome, low back pain, fibromyalgia and myositis not otherwise specified, spasm of muscle, and mood disorder other dis. The injured worker is currently on Soma, Klonopin, Restoril, Dilaudid, MS Contin, Remeron, Ambien, Dexilant, Ranitidine, and Gabapentin. The physician discussed a reduction in opioids with the injured worker explaining abuse or noncompliance of these medications or using illicit medications will result in tapering down and discontinuing pain medications. The injured worker agreed with the physician's conditions. The physician also prescribed Exalgo ER and Pristiq with future plans to decrease Soma. Lab orders for drug urine screen, BUN, Creatinine and LFT's were also ordered. Along with emotional disturbances, the physician noted chronic constipation as a complaint from the injured worker and wishes to prescribe Senna 8.6 mg, 60 tablets. The request for authorization and the rationale were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna laxative 8.6 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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: The injured worker has mentioned to the physician she has difficulty with constipation and urine retention. The physician has noted her intake of opioids is heavy and has initiated a tapering down plan as the injured worker can tolerate such; this ties into the complaint of constipation as many patients do complain of this gastrointestinal issue when taking opioids chronically. ODG guidelines for pain, referencing opioid-induced constipation treatment notes initiating a prophylactic approach to avoiding constipation, when taking opioids longer than a few days, by starting with first line treatments include a fiber rich diet, walking and drinking plenty of water and take an over the counter stool softener for greater gastric motility. In some patients, the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. If this occurs, a second line approach of using an oral formulation of methylnaltrexone will meet first and second line approaches to resolve constipation. Senna is a sennoside oral medication that creates irritation to the bowel creating a laxative effect taken daily. This action is outside of ODG guidelines for prophylactic first and second line plans to prevent constipation if the injured worker is taking opioids longer than a few days. In addition, the request does not include the frequency. As such, the request is not medically necessary.