

Case Number:	CM14-0080532		
Date Assigned:	07/18/2014	Date of Injury:	06/13/2002
Decision Date:	09/30/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 41 year old male who was injured on 6/13/2002. The diagnoses are low back pain, lumbar radiculopathy and post lumbar fusion syndrome. The past surgery history is significant for lumbar spine fusion and removal of hardware. In 2007, the MRI showed degenerative disc disease and neuroforaminal stenosis. On 6/9/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities. The pain score was 5-8/10 on a scale of 0 to 10. There are associated complaints of insomnia and constipation. The medications are Hydrocodone, Cymbalta and Ketoprofen for pain, Trazodone for insomnia and Senna/Docusate for constipation. A Utilization Review determination was rendered on 5/2/2014 recommending non certification for Senna/Docusate 50.8.6 mg bid #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna/docusate 50/8.6 mg, 1 tablet twice a day, #120 for chronic pain related to lumbar spine injury: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS recommend that prophylactic measures be instituted for the prevention and treatment of constipation associated with chronic opioid treatment. The records indicate that the patient failed conservative measures such as increasing dietary fibers and fluid intake. The patient is on chronic Hydrocodone medication. The criteria for the use of senna/docusate 50/8.6 mg bid #120 were met.