

<b>Case Number:</b>	CM14-0088863		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/01/1999
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Nevada. 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 records presented for review indicate that this 59-year-old female was reportedly injured on March 1, 1999. The mechanism of injury is noted as falling backwards off a chair. The most recent progress note, dated May 20, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, shoulder pain, wrist pain, and left knee pain. There was also a complaint of constipation. Current medications include MS Contin, Norco, Robaxin, ibuprofen, Colace, Senna, and MiraLAX. The physical examination demonstrated positive impingement signs and cross arm tests of both shoulders. There was also a positive supraspinatus motor test bilaterally. Decreased range of motion was noted with forward flexion and abduction. Examination of the wrists noted diffuse tenderness and equivocal Tinel's test bilaterally. Examination of the cervical spine noted tenderness of the paraspinal muscles and decreased cervical spine range of motion regarding the knees. There was tenderness over the lateral joint line of the left knee and a positive McMurray's test. Crepitus was noted bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes left knee arthroscopy x 2, right-sided humerus surgery x 4, a cervical spine fusion and a left wrist open reduction and internal fixation. A request had been made for Senna and was not certified in the pre-authorization process on June 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** According to the attached medical record the injured employee is taking too much narcotic medications which could contribute to her constipation. However there are also prescriptions of Colace and MiraLAX prescribed for this constipation. Considering this it is unclear why a third medication is needed for the injured employee's constipation. Therefore , this request for Senna is not medically necessary.