

Case Number:	CM14-0209220		
Date Assigned:	12/22/2014	Date of Injury:	08/22/2000
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58-year-old man who sustained a work-related injury on August 22, 2000. Subsequently, he developed chronic neck and low back pain. According to the progress report dated December 17, 2014, the patient complained of intermittent headache. He also complained of constant neck pain, rated 7/10, which radiates into the bilateral upper extremities, right more than left, with associated numbness and tingling. In addition, he complained of constant low back pain, rated 5/10, which radiates into the bilateral lower extremities and down to the feet with numbness and tingling. He stated that his neck pain feels the same while his low back pain feels better since his last visit. He complained of pain in the coccyx. He reported of pain around the ribs and groin. He also had anxiety, depression, stress, and insomnia. The patient was on Norco and Flexeril including spinal cord stimulator, which provided 60% relief with increased activities of daily living. He reported constipation as side effect of the medications for which he was taking Senna. He also reported dizziness, blurry vision, and itching as side effects of the medications. Examination of the lumbar spine revealed positive straight leg raise test. There were paraspinal spasms and tenderness. The patient was diagnosed with failed back surgery syndrome, chronic pain syndrome, status post posterior dynamic fusion at L3-L4 on September 7, 2007, status post 360 degrees fusion at L4-L5 and L5-S1 with residual back pain, lower extremity radiculitis, stenosis at L2-L3 with facet hypertrophy bilaterally, left knee sprain/strain, insomnia, anxiety and depression, gastroesophageal reflux disorder, myofascial pain and spasticity of the lumbar spine, chronic neuropathic pain in the lower extremities,

cervical radiculopathy, and chronic low back pain. The provider request authorization for Senna Plus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna Plus 8.6mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment; (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>)

Decision rationale: According to ODG guidelines, Senna is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. Therefore, the use of Senna 8.6mg #120 with 4 refills is not medically necessary.