

Case Number:	CM15-0000026		
Date Assigned:	01/09/2015	Date of Injury:	06/04/1994
Decision Date:	03/09/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of June 4, 1994. A utilization review determination dated December 17, 2014 recommends modified certification of Norco and noncertification of Senna. A progress report dated November 20, 2014 identifies subjective complaints of low back pain. The patient had undergone physical therapy and epidural injections and subsequently underwent surgery. The note indicates that medications help. Current medications include Norco 10/325 mg Q6 hours, gabapentin, zolpidem, Senna, omeprazole, and bisacodyl. Objective findings reveal restricted range of motion in the lumbar spine with dysesthesia noted in the left lower extremity and reduced strength. Diagnoses include low back pain, status post lumbar fusion L4-S1, status post cervical fusion, lumbar radiculopathy, sacroiliitis, facet joint pain, and depression due to pain. The treatment plan recommends continuing Norco, MSContin, center, and omeprazole. A progress report dated December 5, 2014 indicates that the patient uses Percocet and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna Lax 8.6mg #120: 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: 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 ODG Pain Chapter, Opioid Induced Constipation Treatment

Decision rationale: Regarding the request for Senna, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Senna. In the absence of such documentation, the currently requested Senna is not medically necessary.