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| <b>Case Number:</b>   | CM15-0000302 |                              |            |
| <b>Date Assigned:</b> | 01/09/2015   | <b>Date of Injury:</b>       | 11/16/1978 |
| <b>Decision Date:</b> | 03/10/2015   | <b>UR Denial Date:</b>       | 12/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2015 |

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 72 year old male, who sustained an industrial injury on November 16, 1978. The details of the injury and subsequent immediate symptoms were not documented in the reviewed medical record. The diagnoses have included lumbar and thoracic spine degenerative disc disease, chronic low back pain, lumbar spinal stenosis, bilateral shoulder pain with degenerative joint disease, and chronic pain syndrome. Treatment to date has included epidural steroid injections and medications. The injured worker has a history of a right above-the-knee amputation but the dates of surgery or relation to the industrial injury are not documented in the medical record. Currently, the injured worker complains of chronic left shoulder pain, neck and lower back pain, and pain at the site of the above-the-knee amputation. The treating physician requested Dilaudid, Gabapentin, Docusate Sodium and Senna. The last two medications were requested to treat the injured worker's constipation secondary to the narcotic pain medications. On December 30, 2014 Utilization Review non-certified the request for the Senna. Rationale for the denial was not provided in the documentation. The UR certified the request for the Dilaudid, Gabapentin and Docusate Sodium. The MTUS Chronic Pain treatment guidelines and ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6 mg, 190 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 77.

**Decision rationale:** Senna 8.6 mg, 190 count is not medically necessary. Per Ca MTUS page 77 of the Opioid section: Initiating Therapy: Prophylactic treatment of constipation should be initiated. However, given that the opioids, Diluadid is not medically necessary due to lack of improved function, the Sennais not medically necessary as well.