

<b>Case Number:</b>	CM15-0105107		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old male who sustained an industrial injury on 09/07/2012. The injured worker was diagnosed with post lumbar laminectomy syndrome, cervical intervertebral disc displacement without myelopathy and obesity. The injured worker is status post lumbar laminectomy (no date documented). Treatment to date includes diagnostic testing, surgery, caudal epidural steroid injection on January 12, 2015 with 80% beneficial effects for approximately 3 months, physical therapy, dietary and weight counseling and medications. According to the primary treating physician's progress report on April 30, 2015, the injured worker continues to experience low back pain with radiation down both legs. The injured worker rates his worse pain level at 9/10, least pain at 6/10 and usual pain score level at 6-7/10. Examination of the lumbar spine demonstrated muscle tightness with positive straight leg raise bilaterally. Diffuse facet tenderness was noted with positive facet loading test bilaterally. Sacroiliac (SI) joints and sciatic notches were non-tender bilaterally. Extension was restricted and painful with minimal forward flexion ability. Motor strength was diminished with the left leg weaker than the right leg. Knee and ankle deep tendon reflexes were documented at 1+ bilaterally. The injured worker walked with a flexed lumbar posture. Current medications are listed as Norco, MsContin, Cymbalta, Gabapentin, Naproxen, Tizanidine, Duloxetine, Lorazepam and Zolpidem. Treatment plan consists of keeping a daily journal of time spent on lumbar rehabilitative exercise time, walking and stress reduction training program, weight control/loss, bring opiates for counting next visit, repeat caudal epidural steroid injection, and the current request for MsContin 15mg tablet ER and Senna.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6mg tablet as directed orally BID 30 days #60 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioid- Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

**Decision rationale:** Senokot (Senna) is a laxative used to treat constipation caused by conditions such as slowing of the intestines (e.g., diabetic autonomic neuropathy), prolonged bed rest/hospitalization, use for constipated meds, or irritable bowel syndrome. Senokot (Senna) is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, there are no demonstrated symptoms of constipation and no clinical findings related to GI side effects. Although chronic opioid use is not supported, Senokot (Senna) may be provided for short-term relief as long-term opioid use is supported. It is not to be used for more than 7 days as long-term use (months to years) or use of higher-than-recommended doses may cause very serious health problems such as laxative dependence, persistent constipation, or loss of normal intestine function. However, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication with opiates not indicated for this chronic injury of 2012. The Senna 8.6mg tablet as directed orally BID 30 days #60 with 1 refill is not medically necessary and appropriate.

**MS Contin 15mg tablet ER 1 tablet orally every 12 hours 30 days #60 with 1 refill: Upheld**

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

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document

for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The MS Contin 15mg tablet ER 1 tablet orally every 12 hours 30 days #60 with 1 refill is not medically necessary and appropriate.