MAXIMUS Federal Services

Case Number:	CM15-0015415		
Date Assigned:	03/09/2015	Date of Injury:	06/02/1997
Decision Date:	04/16/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/27/2015

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, District of Columbia, Maryland
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:

This 54-year-old male sustained a work related injury on 06/02/1997. According to a progress report dated 01/09/2015, the injured worker was seen for a follow-up evaluation of cervical pain, complaints and discomfort. He experienced back stiffness, numbness and tingling in the right and left arm, radicular pain in right and left arm, weakness, stiffness and pain and headaches. He was also seen in regards to acute knee injury and knee pain, shoulder pain, mid-back pain and low back pain. The provider noted that the injured worker had no side effects or complications from medication regimen. Prior to that evaluation, the medication regimen included Ambien CR, Avalide, Dexilant, Imitrex, Lidoderm Patch, Naprosyn, Nortriptyline, Percocet, Testosterone topical and Senna Tablet 8.6mg 2 at bedtime. Treatment plan included Ambien CR, Dexilant, DSS sodium, Imitrex, Lidoderm Patch, Nortriptyline, Percocet, Tegaderm Dressing, Testosterone topical and Senna Tablet 8.6mg 2 at bedtime. On 01/22/2015, Utilization Review modified 3 Senna 8.6mg 2 by mouth at bedtime #60 with 3 refills. Evidenced base guidelines were cited as Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition McGraw Hill 2010. Physician's Desk Reference 68th Edition, www.rxlist.com, www.online.epocrates.com, www.odg-twc.com/odgtwc/formulary.htm, www.agnecymeddirectors.wa.gov, and httsp://www.acoempracguides.org/ Cervical and Thoracic Spine; Table 2. The decision was appealed for an Independent medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Senna 8.6mg 2 by mouth at bedtime #60 with 3 refills: Overturned

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 Stool Softeners Page(s): 77.

Decision rationale: I respectfully disagree with the UR physician. the California MTUS guidelines indicates that prophylactic treatment of constipation should be initiated when starting opioid therapy. As the injured employee is prescribed Percocet, this request for Senna is also medically necessary.