

Case Number:	CM15-0141573		
Date Assigned:	07/31/2015	Date of Injury:	02/04/2015
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

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:

The injured worker is a 34 year old male who sustained an industrial injury on 2.4.15 in a fall landing with all his weight on the right foot. He experienced right foot heel pain, right knee pain, and low back and right buttock pain with intermittent right lower extremity paresthesias. He currently complains of low back pain, right knee pain and left sided pelvic pain. His pain level was 7 out of 10. The pain radiates to the left thigh and knee with numbness, tingling and weakness of the left leg. Medications allow him a restful sleep but cause constipation (per 6.8.15 note). He is unable to work, perform household chores, socialize or participate in recreational activities. On physical exam of the lumbar spine there was restricted range of motion, tenderness and muscle spasms on palpation, positive lumbar facet loading bilaterally, positive straight leg raise on the left in sitting position, tenderness over the sacroiliac spine; right knee had decreased sensation. Medications were naproxen, cyclobenzaprine, Lidopro 4% ointment, Lunesta, naproxen sodium, pantoprazole, Terocin patch. Diagnoses included pain in joint of lower leg; lumbago; thoracic or lumbosacral neuritis; back symptoms; myalgia and myositis; sleep disturbances; skin sensation disturbances; sprain, strain of lumbar region; knee, leg, ankle and foot injury. Treatments to date include physical therapy with benefit; heat and ice with benefit; chiropractic therapy which was effective; medications; acupuncture. On 6.17.15 the treating provider requested Senna laxative 8.6 mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6 mg #100: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained a work-related injury in February 2015 and is being treated for low back and right knee and left pelvic pain. When seen, medications were causing constipation. Naprosyn, LiroPro, and Terocin patches were being prescribed. There was decreased and painful lumbar range of motion with tenderness, muscle spasms, and trigger points. There was spinous process tenderness. There was positive facet loading and left straight leg raising. There was decreased left lower extremity sensation. Senna was prescribed. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant is not taking an opioid medication. There is no evidence of failure of nonpharmacologic treatments for constipation. Senna was not medically necessary.