

Case Number:	CM15-0142029		
Date Assigned:	07/31/2015	Date of Injury:	04/01/2010
Decision Date:	09/04/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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, Hawaii
 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 53 year old male, who sustained an industrial injury on April 1, 2010, incurring low back injuries after a fall from a ladder. He was diagnosed with lumbar disc disease and lumbago. Treatment included physical therapy, chiropractic sessions, pain medications, neuropathic medications, epidural steroid injection, and activity restrictions. He underwent a surgical lumbar fusion. Currently, the injured worker complained of persistent upper, lower back pain radiating into the right and the left leg with numbness and weakness. He complained of stiffness, stabbing back pain. He noted limited range of motion with extension and flexion worse on standing and lifting. The treatment plan that was requested for authorization included a prescription for Senna.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg #200 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 77.

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

Decision rationale: The patient presents with pain affecting the upper back and lower back with radiation to the bilateral legs. The current request is for Senna 8.6mg #200 with 3 refills. The treating physician report dated 7/2/15 (23B) notes that the patient is currently prescribed Dilaudid and MS Contin. The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." In this case, the patient is currently taking Dilaudid and MS Contin and the MTUS guidelines recommend prophylactic treatment when opioids are taken. Furthermore, the treating physician states, "The patient has been continuing (to) note substantial benefit of the medications." The current request is medically necessary.