

<b>Case Number:</b>	CM15-0161732		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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:

This is a 46-year-old female with a July 10, 2007 date of injury. A progress note dated July 7, 2015 documents subjective complaints (neck pain rated at a level of 5 out of 10; radiation to the bilateral upper extremities to the hands; numbness and cramping in the bilateral hands, left worse than right; nausea, headaches, and constipation), objective findings (tenderness to palpation of the bilateral cervical paraspinals and upper trapezius; range of motion of the cervical spine limited by pain), and current diagnoses (mild central stenosis of the cervical spine; bilateral thoracic outlet syndrome; ongoing neck and bilateral arm pain; chronic headaches; type 1 diabetes mellitus). Treatments to date have included surgery, epidural steroid injection, medications, and wrist bracing. The medical record indicates that the injured worker's constipation had increased with using only a stool softener. The treating physician documented a plan of care that included Senna S 50-8.6mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna S 50/8.6mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of 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 has a remote history of a work-related injury in July 2007 and is being treated for radiating neck pain. Medications include Percocet. The claimant has constipation and medications for this have included over the counter stool softeners and Colace. Her past medical history includes insulin dependent diabetes. Medications are referenced as decreasing pain from 9/10 to 7/10 with improved activities of daily living. When seen, there was decreased cervical spine range of motion with cervical and upper trapezius tenderness. There was decreased upper extremity strength. Senna-S 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 has constipation due to opioids and other treatments have not been effective. This request for Senna-S was medically necessary.