

<b>Case Number:</b>	CM15-0165118		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 42 year old male who sustained an industrial injury on 10-10-07. Diagnoses are cauda equina syndrome with neurogenic bladder, neurogenic bowel, post laminectomy syndrome-lumbar region, lesion of ulnar nerve, carpal tunnel syndrome, long term (current) use of other medications, and rotator cuff syndrome-acute. In a 7-28-15 office visit note, the physician reports low back and leg pain which is chronic and ongoing due to cauda equina syndrome and post laminectomy syndrome. Pain in the last month has been better. The high level of pain has been 8 out of 10 but as low as 6.5 out of 10 while on medications. If off medication, he reports he is in agony, can't do anything and can't move. Medication allows him to exercise and walk. Neurogenic bowel continues to be problematic. It is noted in the previous visit of 6-26-15, that the neurogenic bowel is out of control and he was having diarrhea for about one week. He was not taking the Bisacodyl but was taking the Colace at the time. It was determined it may be related to going off the recent medications he was on and he was advised to temporarily stop the Senna and Colace and Bisacodyl until the diarrhea stops and stool becomes formed. The Neurogenic bladder is stable - the (ICP) intermittent catheterization program is every 2.5 hours. He has adjustment problems to a chronic disability with depressive features. His gait is slow and he uses a single point cane. He remains disabled from work. Current medications are Norco, Senna 8.6mg 2 tablets at night (start date 11-12-13), Bisacodyl 10mg rectal suppository- use as part of a routine bowel program (start date 11-12-13), Colace Sodium, Sertraline Hydrochloride, OxyContin, and Amitriptyline Hydrochloride. On 8-5-15, utilization review did not certify the requested treatment of Senna 8.6mg #60 with 2 refills per the 7-28-15 order and Bisacodyl 10mg #30 with 2 refills per the 7-28-15 order.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6mg #60 with 2 refills per 7/28/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The claimant had been on Norco for a few years and currently in combination with other opioids which exceed the 120 mg Morphine equivalent allowed by the guidelines. The long-term use of opioids as currently dosed is not necessary and therefore the continued use of Senna is not medically necessary.

**Bisacodyl 10mg #30 with 2 refills per 7/28/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The claimant had been on Norco for a few years and currently in combination with other opioids which exceed the 120 mg Morphine equivalent allowed by the guidelines. The long-term use of opioids as currently dosed is not necessary and therefore the continued use of Bisacodyl is not medically necessary.