

<b>Case Number:</b>	CM15-0167739		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old female sustained an industrial injury to the back, right hip, right leg and ankle on 4-28-02. Previous treatment included chiropractic therapy epidural steroid injection, lumbar rhizotomy and medications. Magnetic resonance imaging lumbar spine (3-20-15) showed no acute abnormalities. In a Pr-2 dated 7-6-15, the injured worker complained of bowel and bladder changes with leaking since the fall of 2009 diffuse spine pain, right hip pain, right knee pain and left shoulder pain. Physical exam was remarkable for lumbar spine with tenderness to palpation, positive bilateral facet loading and positive right straight leg raise, decreased sensation to bilateral lower extremities with hyperesthesia to the right lower extremity and absent bilateral patella and Achilles reflexes. The injured worker had bilateral flat feet. The injured worker walked with a wide based antalgic gait using a cane. The injured worker became dizzy when turning on her left side. Current diagnoses included lumbar spine radiculitis, lumbago, shoulder pain and right knee sprain and strain. The treatment plan consisted of continuing medications (Percocet, Demerol, Fioricet and Demerol), requesting authorization for epidural steroid injection and radiofrequency ablation of facet nerves and pain counseling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - initiating treatment Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the prophylactic treatment of potential constipation when opioids are utilized on a long-term basis. The definition of prophylactic is as follows: "a medicine or course of action used to prevent disease". In this circumstance, the MTUS Guidelines support the use of anti-constipation medications to avoid constipation not just to treat established constipation. With the reported long-term use of opioid medications, the Senna 8.6 mg is supported by Guidelines and is medically necessary.