

<b>Case Number:</b>	CM15-0169239		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 41 year old female who sustained an industrial injury on 1-31-03. She had complaints of low back pain. Treatments include: mediation, physical therapy, psychotherapy, spinal cord stimulator, injections, acupuncture, TENS unit and surgery. Progress report dated 8-4-15 reports continued complaints of low back pain and her quality of sleep is poor. Diagnoses include: post lumbar laminect syndrome, low back pain, fibromyalgia and myositis, spasm of muscle, mood disorder and urinary incontinence. Plan of care includes: medications refilled, MS contin 60 mg three times per day, dilaudid, continue other medications at current doses, discontinue seroquel and lunesta, increase trazodone to 100 mg 2.5 tab at night, refer to psychiatry, continue soma and klonopin, discontinue pritiq and follow up in 8 weeks. Work status: permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna Laxative 8.6mg 1 tab twice a day as needed, #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/natural/652.html>.

**Decision rationale:** Senna Laxative 8.6mg 1 tab twice a day as needed, #60 with 5 refills is not medically necessary per the MTUS Guidelines and an online review of Senna. The MTUS states that prophylactic treatment of constipation should be initiated on opioids however an online review of Senna reveals that the FDA does not support this laxative for longer than 2 weeks. The request for Senna with 5 refills is not appropriate or medically necessary.