

<b>Case Number:</b>	CM15-0194564		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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:

This injured worker is a 29 year old male, who sustained an industrial injury on 07-27-2011. The injured worker was diagnosed as having elbow sprain, cervical sprain, right ulnar neuritis and thoracic outlet syndrome. On medical records dated 09-10-2015 and 08-05-2015, the subjective complaints were noted as chronic pain. No mention of regarding to constipation was noted. Treatments to date included medications. The injured worker was noted to be not working. Current medications were listed as Miralax oral packet, Seroquel, Xanax, Clonidine-catapress, Pristiq, Lyrica, Trazodone HCL, Metoprolol, Lexapro, Oxycodone-Acetaminophen, Oxycontin, Docusate sodium and Fibercon. The Utilization Review (UR) was dated 09-17-2015. A request for Senna 8.6 mg tab for constipation was submitted. The UR submitted for this medical review indicated that the request for Senna 8.6 mg tab for constipation was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6 MG Tab for Constipation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment.

**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 for months. The use of laxatives while on opioids is appropriate for prophylaxis. The claimant was already on fiber and Docusate. There was no mention of intractable constipation. The use of multiple agents is not recommended. The use of Senna as a stimulating agent is not medically necessary.