

Case Number:	CM15-0200910		
Date Assigned:	10/16/2015	Date of Injury:	04/20/2003
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, Illinois

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:

The injured worker is a 41 year old female, who sustained an industrial injury on 4-20-2003. The injured worker was being treated for chronic pain syndrome, drug induced constipation, degeneration of cervical intervertebral disc, and lumbar post-laminectomy syndrome. Treatment to date has included diagnostics, lumbar spinal surgery, bilateral knee surgery (left in 2013 and right in 2014), and medications. Currently (9-17-2015), the injured worker complains of back pain, rated 8 out of 10 without medications and 5 with, with radiation to the bilateral lower extremities, along with right buttock and groin pain, bilateral knee pain, and neck pain with radiation to the upper extremities. She recently completed her last session of physical therapy for her ankle and she reported that her therapist was "not pleased with the progress she has made". Medications included Amitiza, Bupropion XL, DOK, Fluticasone spray, Hydrocodone, Medrol pak (prescribed 9-17-2015), Metformin, MS Contin, Omeprazole, Ranitidine, Senna, and Tizanidine. Physical exam did not include a gastrointestinal assessment. She reported that Amitiza did not help with constipation and led to stomach pain, cramping, and bloating, so she discontinued it. The treating physician documented that Amitiza was discontinued due to side effects and she was to continue with use of Senna, along with Movantik (samples given). The treatment plan included Senna 8.6mg #60 with 5 refills, non-certified by Utilization Review on 9-24-2015.

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 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The injured worker sustained a work related injury on 4-20-2003. The injured worker was being treated for chronic pain syndrome, drug induced constipation, degeneration of cervical intervertebral disc, and lumbar post-laminectomy syndrome. Treatment to date has included diagnostics, lumbar spinal surgery, bilateral knee surgery (left in 2013 and right in 2014), and medications. The medical records provided for review do not indicate a medical necessity for Senna 8.6mg #60 with 5 refills. The MTUS recommends prophylactic treatment of constipation in individuals on opioid treatment, but the records indicate the request for use of opioids was non-certified. Therefore, this requested treatment is not medically necessary.