

Case Number:	CM15-0025041		
Date Assigned:	02/17/2015	Date of Injury:	03/28/2001
Decision Date:	04/13/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 59-year-old male, who sustained an industrial injury on 03/28/2001. The diagnoses have included back pain, lumbar fracture with cord injury, history of spinal fusion, and lumbar radiculopathy. Noted treatments to date have included spinal fusion, psychotherapy, and medications. Diagnostics to date have included x-ray of the lumbar spine on 12/10/2014, which showed unchanged appearance of L3 corpectomy with interbody cage spacer, posterior decompression at the L3 level, and unchanged left lateral approach screw at the L4 vertebral body. In a progress note dated 12/10/2014, the injured worker presented with complaints of axial lumbar pain and bilateral leg pain. The treating physician reported the injured worker's injury is persistent and stable. Utilization Review determination on 01/20/2015 non-certified the request for 100 Tablets of Senna Laxative 8.6mg citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Tablets of Senna Laxative 8.6mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Senna -drug information and Management of chronic constipation in adults.

Decision rationale: Senna is a stimulant laxative used for the short-term treatment of constipation and its unlabeled use is to evacuate the colon for bowel or rectal examinations or management/prevention of opioid-induced constipation. Stimulant laxatives primarily exert their effects via alteration of electrolyte transport by the intestinal mucosa. They also increase intestinal motor activity. In this injured worker, it is documented that docusate and miralax are being used and his constipation is manageable. However, the review of systems and physical exam do not document any issue with constipation to justify medical necessity for the senna.