MAXIMUS Federal Services

Case Number:	CM15-0029133		
Date Assigned:	02/23/2015	Date of Injury:	04/21/2004
Decision Date:	04/02/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/17/2015

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, New York, 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:

The applicant is a represented 50-year-old [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 21, 2004. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for Senna, a laxative agent. The claims administrator did, however, approve a request for Duexis, an amalgam of ibuprofen and famotidine. An October 31, 2014 progress note and an RFA form of February 4, 2014 were briefly alluded to in the determination. The claims administrator noted that the applicant had a history of earlier lumbar diskectomy surgery. The claims administrator did acknowledge that the applicant had a history of earlier lumbar diskectomy surgery. The applicant's attorney subsequently appealed. On May 30, 2014, the applicant was described as using Norco, an opioid agent. The applicant was apparently using Senna at this point. The applicant did have issues with chronic low back and hip pain. Permanent work restrictions were renewed. It did not appear that the applicant was working with previously imposed permanent limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Senna-S #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 77 of 127.

Decision rationale: Yes, the request for Senna, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation is recommended in applicants in whom opioid therapy has been initiated. Here, the applicant was/is using Norco, an opioid agent. Concurrently providing Senna, a laxative agent, so as to combat any issues with opioid-induced constipation which might arise as a result of ongoing Norco usage was, thus, indicated. Therefore, the request was medically necessary.