

Case Number:	CM15-0031250		
Date Assigned:	02/24/2015	Date of Injury:	05/12/2014
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 a work related injury on May 12, 2014, after incurring injuries to the neck, back, shoulder, knees, left arm and left leg after using a malfunctioning floor cleaner. She sustained a left forearm laceration, contusion of the lower left leg, reduced range of motion of the joints. She was diagnosed with cervical disc disease, lumbar sprain, and lumbar disc displacement, internal derangement of the knee and wrist sprain and strain. She underwent a cervical discectomy and fusion in December 2014. Treatments included physical therapy, anti-inflammatory drugs, work restrictions and pain medications. Currently, the injured worker complained of constipation. On February 5, 2015, a request for a prescription of Senna/Docusate 8.6/50, #90 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna/ Docusate 8.6/50, take as needed #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

Decision rationale: According to ODG guidelines, Senna/Docusate is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. In addition, the patient has been weaned off the opioids and was using Naproxen for pain. Therefore, the request for Senna/Docusate 8.6/50 is not medically necessary.