

Case Number:	CM15-0080373		
Date Assigned:	04/29/2015	Date of Injury:	07/22/1996
Decision Date:	06/01/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/21/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male, who sustained an industrial injury on 07/22/1996. The injured worker is currently diagnosed as having chronic gastritis, lumbar disc without myelopathy, lumbar spine stenosis, lumbar radiculopathy, lumbar degenerative disc disease, cervicgia, post-laminectomy cervical region, myalgia, pain in shoulder joint, carpal tunnel syndrome, and headache. Treatment and diagnostics to date has included wrist surgery, cervical fusion, physical therapy, home exercise program, injections, and medications. In a progress note dated 01/20/2015, the injured worker presented with complaints of neck and low back pain. The treating physician reported requesting authorization for Senna.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6-50mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: According to the MTUS Senna is used for patients on opioids for bowel prophylaxis for constipation. According to the documents available for review, the IW is on opioids. Therefore at this time the requirements for treatment have been met, and medical necessity has been established. The request is medically necessary.