

<b>Case Number:</b>	CM15-0087191		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/28/2001
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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. He has reported injury to the low back. The diagnoses have included postlaminectomy syndrome, lumbar region; chronic pain syndrome; and spinal cord injury. Treatment to date has included medications, diagnostics, cane, and surgical intervention. Medications have included Norco, Gabapentin, Lidoderm patch, Miralax, Senna, and docusate sodium. A progress note from the treating provider, dated 04/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain radiating to the left lower extremity; left buttock pain; left groin pain; pain is associated with numbness, tingling, and weakness; mild constipation; and his current medication regimen is working well for him. Objective findings included antalgic gait, ambulating with a cane; tenderness to palpation of the paraspinal region at L4 and the iliolumbar region; lumbar range of motion is decreased and pain is worse with extension; decreased sensation of the knee and medial leg on the right and left. The treatment plan has included the request for 60 tablets of Senna Lax 8.6 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Senna Lax 8.6mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 77.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is medically necessary.