

Case Number:	CM15-0089908		
Date Assigned:	05/14/2015	Date of Injury:	09/05/2008
Decision Date:	06/15/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male, who sustained an industrial injury on 09/05/2008. He has reported injury to the low back. The diagnoses have included low back pain; lumbar spine degenerative disc disease; lumbar radiculopathy; and post lumbar laminectomy syndrome. Treatment to date has included medications, diagnostics, injections, chiropractic sessions, physical therapy, home exercise program, and surgical intervention. Medications have included Tramadol, Trazodone, Omeprazole, Lyrica, Butrans patch, and Senna. A progress note from the treating physician, dated 03/31/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower backache; pain is rated as 5 on a scale of 1 to 10 with medications, and pain is rated as 6 on a scale of 1 to 10 without medications; activity level has remained the same; and the medications are working well. Objective findings included right-sided antalgic gait, assisted by cane; tenderness upon palpation of the lumbar paravertebral muscles with hypertonicity, spasm, and tight muscle band noted on both the sides; spinous process tenderness is noted on L4 and L5; straight leg raising test is positive on the right; tenderness is noted over the sacroiliac spine; and lumbar range of motion is limited by pain. The treatment plan has included the request for Senna 8.6 mg, quantity 60, with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg quantity 60 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain, Opioid Induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines Opioid- Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

Decision rationale: Senokot (Senna) is a laxative used to treat constipation caused by conditions such as slowing of the intestines (e.g., diabetic autonomic neuropathy), prolonged bed rest/hospitalization, use for constipated meds, or irritable bowel syndrome. Senokot (Senna) is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, there are no demonstrated symptoms of constipation and no clinical findings related to GI side effects. Although chronic opioid use is not supported, Senokot (Senna) may be provided for short-term relief as long-term opioid use is supported. It is not to be used for more than 7 days as long-term use (months to years) or use of higher-than-recommended doses may cause very serious health problems such as laxative dependence, persistent constipation, or loss of normal intestine function. However, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication with opiates not indicated for this chronic injury. The Senna 8.6mg quantity 60 with three refills is not medically necessary and appropriate.