

Case Number:	CM14-0116470		
Date Assigned:	09/23/2014	Date of Injury:	02/02/2010
Decision Date:	10/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with Final Determination Letter for IMR Case Number CM14-0116470 3 governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 285 pages provided for this review. There was a wrist strain. The request for independent medical review was signed on July 24, 2014. There was a review from July 18, 2014. The patient is a 49-year-old man who was injured back in 2010. He was seen on April 19, 2012 for follow-up of his back pain. A cervical epidural decreased his neck pain. He has been using Nortriptyline for the chronic neck pain as well as Celebrex, Flexeril, Prilosec and Lidoderm. There was mention of plasma rich protein injections for the elbows and radiofrequency ablation. As of June 12, 2014, the patient reported increased pain. He reported increase stress, anxiety and depression for two weeks and poor sleep quality. He tried a TENS unit but the outcomes are not provided. The medicine causes constipation and G.I. distress. Senokot was prescribed for opiate induced constipation. Given the recent non-certification for oxycodone, the Senokot would be not be necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna-Gen 8.6 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Senna-based laxatives

Decision rationale: This is a herbal laxative which contains sennosides, which are irritating to the colon, and thereby, induces bowel movements. I did not see strong issues with constipation especially since the opiates were not certified, so it is not clear why a Senna-based preparation would be needed over simple dietary fiber control. The request is not certified.