

<b>Case Number:</b>	CM14-0116695		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/18/1997
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Physical Medicine and Rehabilitation 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 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:

The injured worker is a 60-year-old female who reported injury on 03/18/1997. Reportedly while working for [REDACTED], the injured worker was cleaning a tub when she slipped and fell. She sustained injuries to her buttock, elbows, arms, and her head. The injured worker's treatment history included physical therapy, medications, surgery, MRI studies, and a SOMI brace. The injured worker was evaluated on 04/07/2014 and it was documented the injured worker was alert, bright, and worried about her mental status. The provider noted the injured worker had a complex history of C5 Asia D quadriplegia worse on the left with multiple neurological symptoms, memory deficit, chronic pain, and reflex sympathetic dystrophy of the right leg. Diagnoses included cervical spondylosis, major depression, as well as an anxiety disorder. Medications included Xanax, Opana, Ambien, Percocet, MiraLax, Senokot, Zanaflex, and Maxalt. Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna S Tablets 8.6mg/50mg:** Upheld

**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): 76.

**Decision rationale:** The request for the Senna S Tablets 8.6 mg/50 mg is not medical necessary. The Chronic Pain Medical Treatment Guidelines states that prophylactic treatment of constipation could be initiated if there is documented evidence of constipation caused by opioids. The provider failed to indicate outcome measurements Senna medication for the injured worker. Additionally, the request failed to include frequency, quantity and duration of medication. Given the above, the request for Senna S Tablets 8.6mg/50mg is not medically necessary.