

Case Number:	CM14-0118921		
Date Assigned:	08/08/2014	Date of Injury:	03/16/2009
Decision Date:	10/14/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/29/2014

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 Pain Management 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 30-year-old female who sustained work-related injuries on March 16, 2009. Per May 15, 2014 report, the injured worker presented ongoing pain in the back which radiates diffusely. She described her pain as sharp, stabbing, cramping, tingling, aching, throbbing, and severe. She rated her pain as 10/10. Objective examination noted tenderness over the temporomandibular joint, bilaterally. Trigger points were noted in the upper trapezius, lower trapezius, splenius capitis, and lumbar region bilaterally. Range of motion of the cervical spine was limited with decreased cervical lordosis. Manual motor of the bilateral upper extremities noted 4/5 with elbow flexion. Sensation was decreased to light touch in the digits 1-3 bilaterally. Biceps reflexes, triceps reflexes, brachioradialis, patellar reflex, and Achilles tendon reflexes were 3+ bilaterally. Review of system noted positive chest pain and abdominal pain. Docusate sodium 250 milligrams soft gel was discontinued and was replaced by Senna. Most recent progress notes dated June 13, 2014, noted that she returned to her treating physician and presented with ongoing back pain which she described as burning, aching, and throbbing. She rated her pain as 10/10 and on average her pain level was rated 8/10. Objective examination noted nothing abnormal. She also underwent urine drug screening test and results revealed that she is negative for opiates. She is diagnosed with (a) lumbar spine sprain and strain and (b) cervicobrachial syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg, #60 with no refills: 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 Official Disability Guidelines (ODG), Pain chapter, Opioid-induced constipation treatment

Decision rationale: Evidence-based guidelines do note that chronic utilization of opioids can lead to gastrointestinal-related problems specifically constipation. In this case, the injured worker was initially given docusate sodium 250 milligrams to address this however as per May 15, 2014, it was discontinued and Senna replaced it. However, there was no indication of a failure of first-line treatment for opioid-induced constipation treatment (e.g. increase physical activity, appropriate hydration, diet rich in fiber). Also, most recent notes also indicate that the injured worker has started weaning off from Norco with this the any opioid-induced GI-related complaints will disappear. In addition, this medication is an over-the-counter medication but it should not be used for more than a week as it is known to cause adverse effects including electrolyte imbalance (including hypokalemia), excessive bowel activity, finger-clubbing (long-term use), melanosis coli, nausea, nephritis, and yellow-brown discoloration. These are tall signs of organ failure most especially if this medication is used in the long term. Therefore, the medical necessity of the requested Senna 8.6mg, #60 with no refills is not established.