

Case Number:	CM14-0119247		
Date Assigned:	08/06/2014	Date of Injury:	11/06/1995
Decision Date:	10/06/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 70 year-old female with an 11/6/95 date of injury to the L spine. The patient was seen on 6/24/14 with complaints of pain to the lower back, 7-8/10. Exam findings revealed an antalgic gait, and absent Achilles reflex bilaterally. Current medications include Norco, and Fentanyl Lozenges, Trazodone, and Senna. The diagnosis is lumbar post laminectomy syndrome, and opiate dependency/tolerance. Suboxone detox was discussed, a consult for removal of the SCS implant, and Senna 5 times daily. Treatment to date: 2 L spine surgeries with 2 level reconstruction and cage fusion of L4 to sacrum, SCS implant, chronic opiate therapy, injections. The UR determination dated 7/24/14 modified the request from #600 with one refill to #300 no refills. There was no documentation that Senna alleviated symptoms of constipation resulting from chronic opiate use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Senna 8.6 per 06/17/14 qty 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (SENNA)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states, that Senna is indicated for short-term treatment of constipation; preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. This patient is on opiates and a bowel regimen is reasonable. However, it is unclear why the patient requires 5 tablets of Senna a day or why a combination of Senna and a stool softener were not prescribed. There is no additional information with regard to why the patient requires a refill, or as to how the initial 300 tablets were helpful to the patient. There are no additional progress reports stating the patient has constipation. The UR determination modified to request to Senna #300 with no refills, which is reasonable. Therefore, the request for refill Senna 8.6 #300 was not medically necessary.