

Case Number:	CM14-0134587		
Date Assigned:	08/27/2014	Date of Injury:	01/28/2009
Decision Date:	10/08/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 Medicine and is licensed to practice in Florida and Texas. 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 patient is a 64 year old male who was injured on 1/28/2009. The diagnoses are neck and low back pain. There are associated diagnoses of constipation, dyspepsia and muscle spasm. On 4/15/2014, [REDACTED] noted subjective findings of neck pain radiating to the upper extremities and low back pain radiating to the lower extremities. The pain score was 9/10 without medications and 3/10 with medications. The patient reported significant pain relief with increase in walking with the use of the medications. The use of the pain medications is associated with constipation that did not resolve with increase in fluid and fiber intake. The medications are tramadol for pain and Flexeril for muscle spasm. A Utilization Review determination was rendered on 7/22/2014 recommending non certification for Senna 1 po qid 1 month supply

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 1 by mouth four times a day for 1 month only: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation, Pain 2014, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines prophylactic Page(s): 74-96.

Decision rationale: The CA MTUS recommend that prophylactic measures be instituted at the commencement of chronic opioid treatment. It is recommended that non medication measures such as increase in fluid and fiber intake be initiated. The records indicate that the patient has significant constipation that has not resolved with non-medication management. The criteria for the use of Senna 1 po qid 1 month supply were met. Therefore, Senna 1 by mouth four times a day for 1 month only is medically necessary and appropriate.