MAXIMUS Federal Services

Case Number:	CM15-0014491		
Date Assigned:	02/03/2015	Date of Injury:	10/17/2002
Decision Date:	03/26/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 50 year old female, who sustained an industrial injury on 10/17/2002. She has reported subsequent neck, back and left shoulder pain and was diagnosed with myalgia and myositis, thoracic and thoracolumbar disc degeneration and strain and sprains of the neck and thoracic region. Treatment to date has included oral pain medication, application of heat and ice, home exercise, massage therapy, physical therapy and acupuncture. In a progress note dated 12/04/2014, the injured worker reported neck, middle back and left shoulder pain that was rated as 6-10/10. The injured worker reported that medications were not effective. Objective physical examination findings were notable for tenderness of the paravertebral muscles of the cervical spine, spinous process tenderness and multiple trigger points along the paravertebral musculature near the cervical and thoracic spine. The physician noted that a request for Norco would be submitted to assist with pain relief. A request for authorization of Senna laxative was also made.On 12/26/2014, Utilization Review modified a request for Senna laxative from 8.5 mg #100 to 8.5 mg #60, noting that prophylactic use of Senna would be appropriate in the context of Norco use. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna laxative 8.5mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, opioids, opioid induced constipation

Decision rationale: ODG guidelines support use of medication such as colace for opioid induced constipation. ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. The medical records indicate opioid use with intent for senna to prevent opioid induced constipation. As such Senna is supported for use.