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| Case Number: | CM15-0016705 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 11/14/2001 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial injury on November 14, 2001. The diagnoses have included complex regional pain syndrome in the left leg, status post left total knee arthroplasty in 2005, and long-term use of opioid pain medications. Treatment to date has included failed trials of a spinal cord stimulator and intrathecal pump, and medications. On January 23, 2014, the injured worker underwent a right stellate ganglion block and left lumbar sympathetic block, but she did not recall her response to these blocks. The injured worker is currently using short-acting and long-acting opioid pain, non-steroidal anti-inflammatory, antidepressant, anti-epilepsy, and laxative medications. On January 19, 2015, the treating physician noted the injured worker uses a walker for ambulation. She complained of pain of the back, knee, and hip, which was unchanged. The left leg pain was moderate, intermittent, and constant. The left knee in unchanged with a contracture and functions poorly. She has abdomen/flank pain with referred pain to the pelvic area. The physical exam revealed the left knee range of motion is decreased with marked decreased flexion due to posterior thigh-calf impingement and symmetrical contractures are present. The treatment plan included continuing the current pain medication regimen, gradual decreasing of medication, try topical cream for pain relief, and possible functional restoration program (FRP) to help reduction of pain medications. On January 6, 2015, Utilization Review non-certified a prescription for Senna-Gen 8.6mg, noting the patient does not meet the industry standards for Senna for opioid-induced constipation as the patient's opioid medications are not necessary. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6 MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states:(a) Intermittent pain: Start with a short-acting opioid trying one medication at a time.(b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of “rescue” opioids. The need for extra opioid can be a guide to determine the sustained release dose required.(c) Only change 1 drug at a time.(d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy at the time of request. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is certified.