

Case Number:	CM15-0175732		
Date Assigned:	09/17/2015	Date of Injury:	11/14/2001
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female who sustained an injury on 11-14-01. She has chronic pain in her back, knee and hip. Diagnoses are chronic pain syndrome; complex regional pain syndrome of the left lower extremity; status post multiple surgeries, left knee on 10-10-13, 10-20-13, 10-22-13, 11-29-03; status post multiple manipulations under anesthesia of the left knee; status post left knee surgery on 5-2-04; status post total knee replacement on 1-27-05; residual arthrofibrosis and pain left knee; left wrist contusion, strain, sprain; bilateral carpal tunnel syndrome; right knee strain; lumbar strain, sprain and diffuse myofascial pain; and opioid dependency. The medical records indicate Senna two tablets three times a day since at least 8-17-12 for chronic constipation. The PR 2 from 7-20-15 reports no change with her pain conditions and she has been on MS Contin 60 mg every 8 hours and Percocet 10-325 mg 4-6 per day and Klonopin 2 mg every night. Her pain is 10 out of 10 without medications and 7 out of 10 with medications. She uses walker as assistive device. Left leg pain was described as aching, hot-burning, sharp, shooting, stabbing, throbbing and nagging and is moderate to severe in the left lower extremity. This pain is aggravated by going up stairs, going down stairs and increased activity and walking. The pain gets better taking medication and resting. Current medications include Celebrex 200 mg; Cymbalta 60 mg; Docusate sodium 250 mg; Doxepin 50 mg; Percocet 10 mg - 325 mg; Ranitidine 300 mg; Senna 8.6 mg 3 times a day; Ambien 10 mg at bedtime; Clonazepam 2 mg; Lyrica 225 mg; Seroquel 50 mg at bedtime; Keppra 500 mg; OxyContin 800; Fentora 600 mg; Celebrex 100 mg; Naproxen 500 mg and Prilosec 20 mg. The physical examination reveals right knee range of motion is full and symmetric when compared to the left,

left knee range of motion has decrease in flexion due to posterior thigh. It was noted that this is an extremely challenging case for pain management with extremely high dose of opioid pain medications. Current requested treatments Senna 8.6 mg #180 tablets. Utilization review 8-14-15 requested treatment is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg #180 tablets: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with leg, back, knee, and hip pain. She reports more neck pain and right abdominal pain since the hospitalization. The request is for Senna 8.6MG #180 tablets. The request for authorization is dated 06/22/15. The patient is status post left knee surgery - TKA, 01/27/05 Physical examination reveals left knee ROM is decreased. She was on anti-coagulation therapy when she was in hospital, but it was discontinued after she was discharged. Patient's medications include Celebrex, Cymbalta, Docusate Sodium, Doxepin, Percocet, Ranitidine, Senna, Ambien, Clonazepam, Lyrica, Seroquel, Furosemide, Keppra, OxyContin, Potassium Chloride, Fentora, Naproxen, and Prilosec. Per progress report dated 07/20/15, the patient is P&S. MTUS page 77, criteria for use of opioids section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Treater does not specifically discuss this medication. MTUS recognizes constipation as a common side effect of chronic opiate use, and patient has been prescribed Percocet and OxyContin since at least 02/20/15. The request for Senna appears reasonable. Therefore, the request is medically necessary.