

<b>Case Number:</b>	CM13-0055727		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/01/1999
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 physician 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 injured worker reported a date of injury of 1/28/93. She was evaluated by her physician on 10/28/13 for complaints of 10/10 back and neck pain with radiation to her extremities. The review of systems was negative. On physical exam, she had an antalgic gait and ambulated with a walker. She had reduced cervical lumbar spine range of motion due to pain and vertebral tenderness at the L4-S1 and C4-7 level. Her motor and sensory exam were unchanged and she had painful range of motion of her right knee. Her diagnoses included lumbar strain, cervical radiculopathy, fibromyalgia, headaches, depression, deconditioning secondary to pain, decreased renal function, sleep apnea, GERD, hiatal hernia, s/p bilateral shoulder surgery with residuals and morbid obesity. She received a vitamin B12 injection with plans for an ongoing home exercise program. The following medications were prescribed: gabapentin, bupropion ER, Lidoderm patch, nexium, exalgo ER, nucynta and Senokot-S. The Senokot-S on an as needed basis is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot-S take 2, 2x/day as needed for constipation:** Upheld

**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 Up To Date : Docusate and Senna -drug information and Management of chronic constipation in adults

**Decision rationale:** Docusate and senna is a stimulant laxative in combination with a stool softener. Senna is used for the short-term treatment of constipation and its unlabeled use is to evacuate the colon for bowel or rectal examinations; management/prevention of opioid-induced constipation. Stimulant laxatives primarily exert their effects via alteration of electrolyte transport by the intestinal mucosa. They also increase intestinal motor activity. In this injured worker, she is prescribed an opioid analgesic which can cause constipation. However, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the Senokot-S.