

<b>Case Number:</b>	CM14-0139840		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52 year old female was reportedly injured on 7/6/1999. The most recent progress note, dated 8/7/2014, indicated that there were ongoing complaints of chronic low back pain and right knee pain. The physical examination revealed positive tenderness of the cervical paraspinal musculature extending into the trapezium, positive tenderness of the midthoracic region and lower lumbar regions, range of motion was limited. Physical examination was deferred due to the patient being in a wheelchair and all activities were aggravating the condition. No recent diagnostic studies are available for review. Previous treatment included medications, pool therapy, and conservative treatment. A request was made for Senkot S quantity sixty and was not certified in the preauthorization process on 8/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senkot-S tabs #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** Senokot is a vegetable laxative that assists with issues relative to constipation. This preparation is not addressed in either the MTUS, ACOEM or Official Disability Guidelines. The literature notes that this is indicated for the short term treatment of symptomatic constipation. The records presented for review do not indicate that this malady exists. As such, the request of Senkot-S tabs #60 is not medically necessary and appropriate.