

<b>Case Number:</b>	CM14-0025999		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/20/2007
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 & Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 51-year-old male who reported an injury on 03/20/2007. The mechanism of injury was not provided in the medical records. His diagnoses included degenerative disc disease of the lumbar spine, lumbar sprain/strain, neuritis, and cervical sprain/strain. Within the partially illegible examination dated 01/20/2014, the injured worker had reported low back pain which radiated to his lower extremities, left greater than right, with associated numbness. He also had complaints of neck pain with spasms rated at 3/10 to -4/10. He reported his pain levels are 5/10 with medication and 9/10 without medication. The injured worker is status post L3-4 disc replacement and L4-5, L5-S1 lumbar interbody fusion on 02/27/2012. The physician reported he presented using a walker at the appointment. On examination, the physician reported the straight leg raise testing was positive bilaterally and there were moderate spasms noted in the lumbar and cervical regions. The physician listed the ranges of motion as "24/12/11/10." His current medications include Norco, Ambien, Flexeril, and Senna. The current request is for Senokot #120. The rationale for the request was for constipation. The request for authorization was provided on 01/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation According to the drug manufacturer, Purdue Pharma (2005), Senokot (senna - rectal).

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

**Decision rationale:** The current request is non-certified. The CA MTUS Chronic Pain Guidelines state that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. In reviewing the documentation, the injured worker had complaints of low back pain and neck pain and the medications that were prescribed were Norco and Flexeril. The physician indicated the medication Senokot was being provided for constipation. However, there was no documentation provided that indicated if the medication was effective. In addition, the request failed to provide the frequency for the medication to be administered. As such, the request for Senokot #120 is not medically necessary.