

<b>Case Number:</b>	CM14-0076592		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/09/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 California. 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 53-year-old male who reported an injury on 05/09/2002. The mechanism of injury was not provided for clinical review. The diagnoses included cervicalgia, cervicocranial syndrome, spasms of muscles, and postlaminectomy syndrome cervical region. The previous treatments included medication, physical therapy, and injections. Diagnostic testing included an MRI. Within the clinical note dated 05/06/2014, it was reported the injured worker complained of neck pain with right arm pain and numbness. He complained of bilateral shoulder pain and low back pain. The injured worker rated his pain 8/10 to 9/10 in severity. The injured worker complained of poor sleep quality due to neck pain. Upon the physical examination, the provider noted the injured worker had low back pain to the left side. The provider noted the injured worker had limited active range of motion. He had paraspinal tenderness in the lumbar, thoracic, and cervical spine. The provider requested Senokot tablets. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 05/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The request for Senokot tablets are not medically necessary. The California MTUS Guidelines recommend prophylactic therapy for constipation while in the therapeutic phase of opioid therapy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The request submitted failed to provide the dosage of the medication. Therefore, the request is not medically necessary.