

<b>Case Number:</b>	CM14-0219150		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/26/2001
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 54 year old female, who sustained an industrial injury on 7/26/2002. The current diagnoses are complex regional pain syndrome of the bilateral upper extremities, status post cervical spinal cord stimulator implant at C2-C3, chronic neuropathic pain, chronic pain syndrome, myofascial pain syndrome, status post anterior cervical decompression and fusion at C6-C7, Disc protrusion at L4-L5 and L5-S1, and right L4-L5 radiculopathy. Currently, the injured worker complains of constant neck pain which radiates to the bilateral upper extremities with numbness and tingling. She also complains of constant low back pain which radiates to the bilateral lower extremities with numbness and tingling. She rates her neck pain 5/10 and her back pain 7/10. Additionally, she reports constipation. Current medications are Neurontin and Senna. Per the progress report, she states the Senna does not help with constipation. The treating physician is requesting Senokot-S 8.6mg #120 with 1 refill, which is now under review. On 12/4/2014, Utilization Review had non-certified a request for Senokot-S 8.6mg #120 with 1 refill. The Senokot-S was modified to allow for a trial. Non- MTUS Guidelines were cited. According to the progress report dated January 14, 2015, the patient had normal movement. Her quality of life was limited. She was on Senokot-S and Neurontin, which provided 40%-50% relief and increased performance of activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot-S 8.6mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Society of Colon and Rectal Surgeons.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

**Decision rationale:** According to ODG guidelines, Senokot-S is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. Senokot-S 8.6mg #120 with 1 refill is not medically necessary and appropriate.