

<b>Case Number:</b>	CM15-0130780		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old female, who sustained an industrial injury on April 17, 2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc degeneration, chronic pain, failed lumbar back surgery syndrome, lumbar radiculopathy, status post fusion of the lumbar spine, right shoulder pain, fibromyalgia, depression, complex regional pain syndrome, right upper extremity, failed spinal cord stimulator, and status post right shoulder surgery. Treatment and diagnostic studies to date has included status post caudal epidural steroid injection, medication regimen, use of a cane, magnetic resonance imaging of the lumbar spine, electromyogram, laboratory studies, and above noted procedures. In a progress note dated May 28, 2015 the treating physician reports complaints of pain to the neck that radiates to the bilateral upper extremities and pain to the low back that radiates to the bilateral lower extremities with the left greater than the right along with the associated symptoms of numbness and muscle weakness. Examination reveals a slow, antalgic gait, spasms to the bilateral lumbar paraspinal muscles, increase in pain with lumbar range of motion, decreased sensation to the lumbar four and sacral one dermatome to the bilateral lower extremities, decreased strength to the extensor muscles to the bilateral lower extremities, positive straight leg raise, tenderness to the bilateral anterior shoulder, decreased range of motion to the right shoulder with pain, and decreased strength to the right upper extremity. The injured worker's current medication regimen included Pantoprazole, Senna-Docusate, Duloxetine DR, Hydrocodone-Acetaminophen, Lidocaine, Gabapentin, Tizanidine, MS Contin, and Vitamin D. The injured worker's pain level was rated

an 8 out of 10 with the use of her medication regimen and rated the pain a 10 out of 10 without the use of her medication regimen. The treating physician noted that the injured worker's medication regimen allows her to participate in activities outside of her home, along with improvement in her quality of life, a decrease level of pain, and an increase in the level of her function. The treating physician requested the medication of Senokot-S 8.6-50mg one to three tablets with a quantity of 90 to decreased constipation secondary to use of opiate medication, noting that the injured worker has failed conservative treatments, and also noting current use of this medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Senokot-S 8.6-50mg 1-3 tabs #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

**Decision rationale:** Senokot (Senna) is a laxative used to treat constipation caused by conditions such as slowing of the intestines (e.g., diabetic autonomic neuropathy), prolonged bed rest/hospitalization, use for constipated meds, or irritable bowel syndrome. Senokot (Senna) is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, there are no demonstrated clinical findings related to GI side effects. Although chronic opioid use is not supported, Senokot (Senna) may be provided for short-term relief as long-term opioid use is supported. It is not to be used for more than 7 days as long-term use (months to years) or use of higher-than-recommended doses may cause very serious health problems such as laxative dependence, persistent constipation, or loss of normal intestine function. However, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication with opiates not indicated for this chronic 2001 injury. The Senokot-S 8.6-50mg 1-3 tabs #90 is not medically necessary and appropriate.