

<b>Case Number:</b>	CM15-0029185		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 73 year old male, who sustained an industrial injury on 7/24/13. He reported a right shoulder injury. The injured worker was diagnosed as having rotator cuff syndrome, adhesive capsulitis and chronic pain syndrome. Treatment to date has included physical therapy, home exercise program, oral medications including Tylenol #3 and activity restrictions. Currently, the injured worker complains of right shoulder pain, numbness, depression, insomnia and joint pain. Physical exam noted decreased, painful range of motion with tenderness to palpation of right shoulder. The treatment plan included continuation of CBT therapy, request for authorization for Neurontin, discontinuance of Colace and a request for authorization for Senokot tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senekot 8.7mg #30 DOS: 2/10/15:** Upheld

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

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

**Decision rationale:** Senokot 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 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 symptoms of constipation and no clinical findings related to GI side effects. Although chronic opioid use is not supported, Senokot 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 injury. The Senokot 8.7mg #30 DOS: 2/10/15 is not medically necessary and appropriate.