

<b>Case Number:</b>	CM15-0030369		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/05/2015
<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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old male, who sustained an industrial injury on July 22, 2013. He has reported a slip and fall causing pain in his lower back and bilateral wrists. The diagnoses have included left wrist arthropathy, lumbar radiculopathy, reactive depression and anxiety and reactive sleep disturbance. Treatment to date has included nerve blocks, injections, heat, ice, TENS unit, physical therapy and exercises. On January 8, 2015, the injured worker complained of moderately severe left wrist and arm pain as well as lower back pain with radiation into the right lower extremity. The pain is increased with repetitive gripping, grasping and lifting as well as lifting and standing for long periods of time. The pain is improved with relaxation and rest. Notes stated he has not trialed any pain medications or antidepressants. On February 5, 2015, Utilization Review non-certified Senokot 8.6mg #100, noting the Official Disability Guidelines. On February 18, 2015, the injured worker submitted an application for Independent Medical Review for review of Senokot 8.6mg #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot 8.6mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, page 74-96 and on the Non-MTUS Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment. Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, docusate and senna.

**Decision rationale:** Senokot is similar to sennoside which is a laxative. This patient is undergoing treatment with an opioid. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." Up-to-date states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (e.g., Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives." The treating physician does not document any attempts at first line therapy and does not document the results of the first line therapy. Additionally, the medical documents did not include complaints of bowel dysfunction. As such, the request for Senokot 8.6mg #100 is not medically indicated at this time.