

Case Number:	CM15-0035691		
Date Assigned:	03/04/2015	Date of Injury:	09/06/2007
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 49 year old female, who sustained an industrial injury on 09/06/2007. On provider visit dated 12/24/2014 the injured worker has reported neck pain and left upper extremity pain. The diagnoses have included clinically consistent left lumbar radiculopathy, cervical sprain/strain, possibility of cervical radiculopathy, myofascial pain, insomnia secondary to chronic pain, depression/anxiety secondary to pain and sleep disturbance. Treatment to date has included medication. Treatment plan included refill of current medication regimen. On examination she complained of constipation with pain medication use. On 01/22/2015 Utilization Review non-certified Senokot quantity: 5.00. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot quantity: 5.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.drugs.com/cdi/senokot.html>.

Decision rationale: Pursuant to really get it here are dual Medline plus, Senokot # 5 is not medically necessary. Senokot is a stimulant laxative. It works by your taking the bowel tissues resulting in a subsequent bowel movement. In this case, the injured worker's working diagnoses are left lumbar radiculopathy; cervical sprain/strain; probable cervical radiculopathy; myofascial pain; insomnia due to chronic pain; depression/anxiety; and sleep disturbance. Progress note dated November 5, 2014 shows Colace was prescribed for the injured worker for opiate induced constipation. Progress note dated December 24, 2014 shows Senokot was prescribed in addition to Colace. There was no clinical indication or rationale for a second drug indicated for constipation (opiate induced). Consequently, absent clinical documentation to support the use of a second agent for opiate induced constipation, Senokot #5 is not medically necessary.