

<b>Case Number:</b>	CM15-0046179		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old male sustained an industrial injury to the neck and back on 1/13/13. Previous treatment included magnetic resonance imaging, cervical fusion, physical therapy, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 2/4/15, the injured worker complained of intermittent neck pain with muscle tightness and radiation to the occiput region. Physical exam was remarkable for moderate right ankle clonus, decreased muscle mass in the right upper extremity with 4/5 strength and 3-4/5 strength to the right lower extremity with sustained clonus. Current diagnoses included cervical spinal cord injury, cervical myelopathy and cervical disc disease. The treatment plan included urology consultation, continuing transcutaneous electrical nerve stimulator unit use and medications (Gabapentin, Elavil, Baclofen, Senokot, Flomax, Colace, Naproxen and Percocet). The physician noted that the Colace and Senokot were for opioid induced constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 18, 68, 73, 77, 78-80.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** Regarding the request for Senna, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Senna. Finally, this request for Senna does not include dose, frequency or duration, and guidelines do not support the open-ended application of any treatment modality. As such, the currently requested Senna is not medically necessary.