

<b>Case Number:</b>	CM15-0077693		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 32 year old male patient who sustained an industrial injury on 06/16/2003. A primary treating office visit dated 10/28/2014 reported subjective complaints of constant low back pain, and left leg pain. He takes Miralax, Nucynta, Daypro, Lyrica, Flexeril, and a topical cream. He reports being out of his psychiatric medications for about week resulting in increased anxiety. In addition, he utilizes a transcutaneous nerve stimulator unit. Diagnostic testing to include: magnetic resonance imaging, and laboratory work up. He is diagnosed with: lumbosacral disc injury; lumbosacral radiculopathy, and chronic pain syndrome with depression. A more recent primary treating office visit dated 03/10/2015 reported the patient with no change in subjective complaint. The diagnoses remain the same. The plan of care involved: prescriptions for Nucynta, Flexeril, Daypro, Lyrica, Senokot, and Miralax. He is to continue using the TENS unit, recommending a gym membership, and follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot S:** 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 [www.drugs.com/senokot](http://www.drugs.com/senokot).

**Decision rationale:** This 32 year old male has complained of low back pain since date of injury. He has been treated with TENS, physical therapy and medications. The current request is for Senokot. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Senna. On the basis of this lack of documentation, Senna is not indicated as medically necessary.