

<b>Case Number:</b>	CM15-0090382		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Texas, Florida, California

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 44 year old male, who sustained an industrial injury on 3/25/2013. He reported acute onset of sharp low back pain. Diagnoses include lumbar disc herniation with near total occlusion of the spinal canal, radiculopathy, multilevel disc bulges, sleep disorder and stress/depression. He is status post lumbar laminectomy 8/13/14. Treatments to date include NSAID, Gabapentin, Senokot, physical therapy, and steroid epidural injections. Currently, he complained of low back pain with radiation down the left lower extremity and associated with numbness and tingling down into the foot. Pain was rated 7/10 with medication and 9/10 without medication. A previous epidural steroid injection administered 7/22/14 was 50-80% successful in relieving pain. There was notation of a suggestion for lumbar fusion by another physician. On 3/25/15, the physical examination documented bilateral muscle spasms in lumbar region with decreased range of motion. There was decreased sensitivity along L4-5 dermatome in the left leg and decreased strength noted. Strain leg raise was positive on the left side. The plan of care included Senokot-S (Senokot/docusate sodium) 50/8.6mg tablets, one tablet once daily, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot S 50/8.6mg, #30:** 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 Physician Desk Reference, under Senna.

**Decision rationale:** This claimant is now injured over two years ago. I did not find documentation of constipation. Senokot is a herbal laxative which contains sennosides, which are irritating to the colon, and thereby, induces bowel movements. I did not see strong issues with constipation as to why a herbal preparation would be needed over simple dietary fiber control. The request is not medically necessary.