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| Case Number: | CM13-0014623 | | |
| Date Assigned: | 03/10/2014 | Date of Injury: | 11/23/1992 |
| Decision Date: | 04/10/2014 | UR Denial Date: | 07/22/2013 |
| Priority: | Standard | Application Received: | 08/22/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male with date of injury of 11/23/1992. Review of medical documentation indicates that the patient is undergoing treatment for chronic pain, low back pain, hypotestosteronism, hypertension, peripheral neuropathy, anxiety, depression, constipation, hemorrhoids, and dry eyes. The medications include Methadone 10mg bid, Oxycontin 40mg daily, Ibuprofen 600mg three times daily, Lyrica 150mg three times daily, Nexium 40mg daily, senna 1-3 tabs daily, Dexadrin 5mg three times daily, Androderm 5mg patch weekly, Loratadine 10mg daily, Skelaxin three times daily, Diltiazem 360mg daily, Furosemide 40mg twice daily, Cymbalta 60mg twice daily, Prozac 20mg 3 tabs daily, Valium 5mg 0.5 tabs at bedtime, and Trazadone 100mg nightly. The treating physician requested (6/10/2013) "continued request for left S1 joint injection for therapeutic and diagnostic purposes due to multiple positive exam findings" and "request for lumbar spine bone scan to evaluate for possible pseudarthrosis". The patient's subjective complaints (6/10/2013) include stomach pain, bowel incontinence, nausea o vomiting, frequent constipation, bleeding with bowel movement, and hemorrhoids. No physical exam associated with this note. A utilization review dated 7/22/2013 non-certified Docusate/Sennoside 50/8.6 #120, Odansetron HCL 4mg #10, and lumbar spine bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOCUSTATE/SEMMOSIDES 50/8.6, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: Docusate and Sennoside are stool softeners and laxatives, respectively. This patient is undergoing treatment with Methadone, which is an opioid. The length of time this patient has been on methadone is unknown. 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". The guideline recommends "other laxatives", such as Sennosides, for patients who response poorly to fiber, or who do not tolerate it." The treating physician did document (6/11/2013) that he encouraged the patient "drink 8 tall glasses of water daily and exercise as tolerated" and "consume a high fiber diet". However, the treating physician did not report how compliant the patient was to the first line constipation treatment and did not indicate if fiber treatment was initiated. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. As such, the request for Docusate/Sennoside 50/8.6 #120 is not medically indicated at this time.

ONDANSETRON HCL 4MG, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 68-69, 74-96.

Decision rationale: Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin-norepinephrine reuptake inhibitors (SNRIs). The patient is on both Methadone (opioid) and Cymbalta (SNRI). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative. The treating physician (6/11/2013) does write "in my opinion his abdominal pain may be due to his long term use of NSAIDs . . ." The treating physician indicates that the patient is on ibuprofen 600mg three times daily. The California MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump

inhibitor. There is no documentation provided that indicated the discontinuation of NSAID or switching of NSAID occurred. Additionally, Odansteron is not a proton pump inhibitor and is not considered first line treatment. As such the request for Ondansetron HCL 4MG, #10 is not medically indicated.