

<b>Case Number:</b>	CM13-0018087		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	02/08/2002
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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:

The injured worker is a 55 year old male who is reported to have sustained work related injuries on 02/06/02. The record contains no data regarding the mechanism of injury. The most recent clinical notes indicate that the injured worker has complaints regarding the right shoulder. He reports deep right shoulder pain. He is further being treated for pulmonary embolisms. He has also been referred to a cardiologist. He is reported to have lower extremity pain and bilateral foot pain with lower extremity edema. He reports a pulling sensation in the right biceps region. Records indicate that the injured worker uses multiple medications which include Norco 10/325mg, Tizanidine 2mg, Advair Diskus, Furosemide, Klor-Con 10mg, Lisinopril 12.5mg, Lisinopril 20mg, Lyrica 100mg, Magnesium 400mg, Singulair, ProAir, Tricor 14.5mg, Warfarin 5mg, Zolpidem 12.5mg, Opana ER 20mg, Voltaren gel, Nexium, Albuterol, Senokot, Colace, Dulcolax, and Metamucil. It is reported that his pain levels are at best 6/10 while at rest and using medications. Activity results in 10/10 pain. It is reported that his medications are allowing him to take care of his house. He is reported to be exercising and trying to lose weight. It is noted that the use of Senokot, Colace, Dulcolax, and Metamucil have decreased his constipation. It is noted that his pulmonologist has placed him on oxygen at night and he continues to use a portable oxygen supply during the day. On physical examination, he has a right anterior surgical scar measuring 13cm which is well-healed. There is 3+/5 weakness in internal and external rotation of the shoulder. Right shoulder range of motion is moderately reduced. There are trace reflexes at the C5 and C6 regions and 1+ in the C7 region bilaterally. Spurling's test was negative bilaterally. There is full range of motion of the cervical spine. There was decreased sensation to light touch and pin prick in the medial forearm and 5th digit of the right upper extremity. There is exquisite tenderness to palpation along the right pectoralis major and minor.

There is tenderness to palpation in the right bicipital groove and AC joint. There was atrophy noted of the right infraspinatus and supraspinatus musculature regions. There is mild pain to palpation at the lateral distal biceps region. He is noted to have 2+ pitting edema in the right lower extremity and 1+ in the left. There is mild calf tenderness on the right. He is noted to be status post right total shoulder arthroplasty. The record includes a utilization review determination dated 07/29/13 in which requests for Senokot-S 2 tabs at bedtime #60, Dulcolax 5mg every 6 hours as needed #90, and Colace 100mg tabs 3 times a day #90 were not recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SENOKOT-S 2 TABS EVERY BEDTIME #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for Senokot-S 2 tabs every bedtime #60 is recommended as medically necessary based on Chronic Pain Medical Treatment Guidelines. The submitted clinical records indicate that the injured worker has an extensive medication profile which includes opiates. It is clear from the records that the chronic use of opiates has slowed the injured worker's bowels leading to opiate induced constipation. The record clearly reflects that the use of this medication has resulted in improvements and as such should be continued.

#### **DULCOLAX 5 MG TAB EVERY 6 HOURS AS NEEDED #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid-induced constipation treatment.

**Decision rationale:** The request for Dulcolax 5mg tablets every 6 hours as needed #90 is recommended as medically necessary based on Chronic Pain Medical Treatment Guidelines. The submitted clinical records indicate that the injured worker has an extensive medication profile which includes opiates. It is clear from the records that the chronic use of opiates has slowed the injured worker's bowels leading to opiate induced constipation. The record clearly reflects that the use of this medication has resulted in improvements and as such should be continued.

#### **COLACE 100MG TAB 3X A DAY #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid-induced constipation treatment.

**Decision rationale:** The request for Colace 100mg tabs 3 times a day #90 is recommended as medically necessary based on Chronic Pain Medical Treatment Guidelines. The submitted clinical records indicate that the injured worker has an extensive medication profile which includes opiates. It is clear from the records that the chronic use of opiates has slowed the injured worker's bowels leading to opiate induced constipation. The record clearly reflects that the use of this medication has resulted in improvements and as such should be continued.