

Case Number:	CM13-0019838		
Date Assigned:	10/11/2013	Date of Injury:	12/21/1994
Decision Date:	01/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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 patient is a 61-year-old female who reported a work-related injury on 12/21/1994. The patient has a history of cervical spine pain, lumbar spine pain, gastro esophageal reflux disease and chronic constipation. The patient has undergone 18 total surgeries. The patient's medications include tramadol, Topamax, Ambien, Flector, Lidoderm, hormone replacement therapy, thyroid replacement medication, alprazolam, senna, Dulcolax, oxycodone and Xenical. The patient's diagnoses included gastro esophageal reflux, irritable bowel syndrome, cervical and lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, dysphagia and constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg, #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-induced constipation treatment.

Decision rationale: Recent clinical documentation submitted indicated that the patient had suffered from irritable bowel syndrome since 1992. This condition was noted to lead to both diarrhea and constipation. The patient was also noted to be on an opioid with accompanying constipation. Official Disability Guidelines state that opioid medications may be constipating and simple treatments including physical activity, maintaining appropriate hydration and advising the patient to follow a proper diet rich in fiber are helpful. In addition, some laxatives may help to stimulate gastric motility. Guidelines further state that over-the-counter medications can help loosen otherwise hard stools, add bulk and increase water content of the stool. Given the above, the request for Colace 100 mg, #100 is certified.

Senna-S Plus total, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-induced constipation treatment

Decision rationale: Official Disability Guidelines indicate that some laxatives may help to stimulate gastric motility. Over-the-counter medications can help loosen otherwise hard stools, add bulk and increase water content of the stool for patients with opioid induced constipation. Per the clinical documentation submitted, the patient was noted to be taking Colace, a stool softener. There was no documentation submitted noting the failure of Colace for the patient. There was no documentation noting the reason the patient was taking 2 laxatives. As such, the request for Senna-S plus total, #60 is non-certified.

Prevacid 30 mg total, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The medical review letter dated 08/19/2013 stated that the patient reported that she had reflux disease that went back 20 years. The patient also reported having an esophagogastroduodenoscopy multiple times, and she was taking Prevacid. The patient had reported nighttime reflux and indigestion. The physical exam had revealed abdominal tenderness and the presence of multiple abdominal scars that were healed. The patient was noted to have been treated for gastro esophageal reflux and irritable bowel syndrome since 1992. The California Medical Treatment Guidelines for Chronic Pain indicate that a proton pump inhibitor is recommended for patients at intermediate risk for gastrointestinal events. Proton pump inhibitors are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. The patient was noted to have a history of esophageal reflux. Given the

above, the clinical documentation submitted supports the use of Prevacid for the patient. Therefore, the decision for Prevacid 30 mg #30 is certified.