

<b>Case Number:</b>	CM13-0027619		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	06/18/1996
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Internal Medicine 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 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 patient is a 49 year old female who had a worker's comp injury on 8/18/96 to the lumbar back and had treatment for this. It is noted that she had a benign bone scan in 2004 and had an injection in the back in 2007 to alleviate her symptoms and that a spinal cord stimulator was implanted in 2008 but was later removed. In 2008 a lumbar disc fusion was done at L5-S1. Subsequently, she had an anterior interbody fusion at L4-L5. On 9/4/13 her ptp notes that she had significant constipation secondary to her use of oxycontin for pain control. At that time she was on colace for bowel regularity. Her ptp requested GI consult and put her on Amitiza and Biscodyl and Sennekot 2 at night time. No mention was made of lifestyle changes or diet. No mention is made of abdominal pain or distension or how many days she goes without a B.M.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL TO GASTROINTESTINAL SPECIALIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, , 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: The authoritative on line medical reference for physicians, Up to date, section on constipation treatment, topic 16133, version 14.0.

**Decision rationale:** It was noted that the patient was only on Colace for treatment for constipation and that the patient's doctor had concluded that the constipation was from narcotic pain meds. The same day the physician requested the GI consult we note that he had planned on titrating down her narcotic and had instituted new treatment for constipation adding Amitiza and Biscadoyl. There is no documentation of an emergent need for a referral such as abdominal pain or distension or flat plate of the abdomen demonstrating an ileus or impaction. Also there was no follow-up to see if his measures were effective. In the above cited section in up to date we note that the first treatment should be counseling as to activity and diet. There is no mention of this in the note. Also we note the use of fiber such as psyllium should be instituted and that osmotic diuretics such as low dose polyethylene glycol or PEG solution and sorbitol are often effective. In conclusion, the PTP should have spoken to the patient about diet and put her on fiber supplement and PEG or lactulose solution and titrated down on her narcotic med and then reassessed for efficacy. If he needed to have an emergent referral he should have documented symptomatology or x-ray evidence for this. Only after these measures had been undertaken and proved not to be efficacious or if the patient demonstrated obstruction or ileus or other alarming features should a GI referral been requested. Therefore, at the time of the request for GI referral it is deemed not to be medically necessary.