

<b>Case Number:</b>	CM13-0038531		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	12/18/2006
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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:

The patient is a 67-year-old male who sustained an injury on 12/18/06. The patient is followed for complaints of right lower extremity numbness and burning sensation. The patient also has a history of spasticity due to the injury. The medications include Lyrica 100mg three times daily. The patient also has intrathecal unit delivering baclofen and morphine. The patient presented on 09/19/13 with complaints of intermittent constipation over a five week period. The patient reported loose stools with miralax. The patient has described bloating and feelings of excessive gas. The patient reported his last normal bowel movement was two weeks prior. Physical examination noted mild distension of the abdomen. No guarding rigidity was noted. No fecal impaction was noted. The patient was prescribed GoLytely. A utilization review dated 10/11/2013 noncertified the request for GoLytely 240mg every 10 minutes #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GOLYTELY 240ML EVERY 10 MINS #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Citation: <http://www.ncbi.nlm.nih.gov/pubmed/9246046>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Opioid-induced constipation treatment, and UpToDate.com, GoLyteLy-Prescription package insert.

**Decision rationale:** GoLyteLy is a Polyethylene glycol (PEG) osmotic laxative agent. The GoLyteLy prescription insert states "GoLyteLy is a combination of PEG 3350, an osmotic laxative, and electrolytes indicated for cleansing of the colon in preparation for colonoscopy and barium enema X-ray examination in adults." Medical documents indicate that the GoLyteLy would be used for constipation and not as bowel preparation for colonoscopy. This patient is undergoing treatment with intrathecal unit delivering baclofen and morphine, which is an opioid. The length of time this patient has been on opioid is unclear from the records, but appears to be undergoing treatment for chronic pain for several years. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. The Official Disability Guidelines (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." Up-to-date recommends "other laxatives", such as sennosides (which the patient is taking), for patients who response poorly to fiber, or who do not tolerate it. The treating physician did document constipation side effects of opioid usage, but does not document attempt of the first line treatment mentioned above and the results of those treatments. 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 GoLyteLy 240ml every 10 minutes, #1, is not medically necessary at this time.