

<b>Case Number:</b>	CM13-0041353		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/06/1994
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma, and Texas. He 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 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 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 52-year-old male who reported an injury on 03/31/1997. The mechanism of injury was not submitted. The patient was diagnosed with complex regional pain syndrome, right lower extremity with right foot drop; spread of complex regional pain syndrome to 4 extremities, right greater than left; status post upper and lower extremity spinal cord stimulator placement; status post intrathecal morphine pump placement; systemic neuropathic pain syndrome with profound allodynia over the IPG and SCS; major depressive disorder with a history of suicidal ideation; hypertension; medication-induced constipation with rectal bleeding; and a history of overdose. The clinical documentation dated 08/26/2013 indicated that the patient reported less frequent blackouts. However, he still had some on occasion. The clinical documentation dated 11/04/2013 stated that the patient returned for intrathecal pump management. It was previously decreased by 25%, which decreased the patient's blackouts. The patient reported that ever since the decrease, he was experiencing increased pain and was relying on more oral pain medications, including Roxicodone. The treatment plan included a pending GI consultation, medication management to include a request for Dulcolax suppositories, Roxicodone 50 mg and Amitiza 24 mcg. The patient also had the intrathecal pump refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna #60:** Upheld

**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 Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS states a recommendation for prophylactic treatment of constipation at the initiation of opioid therapy. The patient continued to complain of pain after a 25% decrease in the intrathecal pain pump. The patient reported that he was experiencing increased pain and was relying more on oral medications. However, the clinical documentation submitted for review does not indicate that the patient had complaints of gastritis or constipation. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Amitiza #60:** Upheld

**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 Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The California MTUS states a recommendation for prophylactic treatment of constipation at the initiation of opioid therapy. The patient continued to complain of pain after a 25% decrease in the intrathecal pain pump. The patient reported that he was experiencing increased pain and was relying more on oral medications. However, the clinical documentation submitted for review does not indicate that the patient was complaining of gastritis or constipation. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Dulcolax suppositories:** Upheld

**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 Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The California MTUS states a recommendation for prophylactic treatment of constipation at the initiation of opioid therapy. The patient continued to complain of pain after a 25% decrease in the intrathecal pain pump. The patient reported that he was experiencing increased pain and was relying more on oral medications. However, the clinical documentation submitted for review does not indicate that the patient had complaints of constipation or any signs of gastritis. Given the lack of documentation to support guideline criteria, the request is non-certified.