

Case Number:	CM13-0067766		
Date Assigned:	01/08/2014	Date of Injury:	10/07/2011
Decision Date:	04/22/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 & 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 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 39-year-old female who reported an injury on 10/07/2011. The mechanism of injury involved a fall. The patient is currently diagnosed with RSD of the lower limb, causalgia of the lower limb, and foot pain. The patient was seen by [REDACTED] on 12/18/2013. The patient reported increasing pain. The patient reported 40% improvement in symptoms with the current medication regimen. Physical examination on that date revealed tenderness to bilateral wrists with passive/active range of motion, limited range of motion of the left ankle, generalized tenderness of the left ankle, restricted range of motion with tenderness to palpation of the left foot, positive allodynia, decreased sensation, and painful range of motion of the metatarsophalangeal joints. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Medical Chapter, Opioid, Induced Constipation Treatment

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid-induced constipation treatment is recommended. First-line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient has continuously utilized this medication. While it is noted that the patient is able to produce bowel movements every 1 to 2 days with less pain, the medical necessity for 2 separate stool softeners has not been established. The patient currently utilizes Colace 100 mg twice daily as well as Senokot at bedtime. There is also no documentation of a failure to respond to first-line treatment as recommended by Official Disability Guidelines. Based on the clinical information received, the request is non-certified.

SENOKOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Medical Chapter, Opioid, Induced Constipation Treatment

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid-induced constipation treatment is recommended. First-line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient has continuously utilized this medication. While it is noted that the patient is able to produce bowel movements every 1 to 2 days with less pain, the medical necessity for 2 separate stool softeners has not been established. The patient currently utilizes Colace 100 mg twice daily as well as Senokot at bedtime. There is also no documentation of a failure to respond to first-line treatment as recommended by Official Disability Guidelines. Based on the clinical information received, the request is non-certified.

EXALGO ER 8MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has utilized this medication since at least 05/2013. While it is noted

that the patient has trialed several opioid medications in the past, it is also noted on 10/16/2013 that Exalgo had not been effective enough to cover the patient's pain. Without evidence of objective functional improvement despite ongoing use of this medication, continuation cannot be determined as medically appropriate. As such, the request is non-certified.