

<b>Case Number:</b>	CM14-0008885		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	10/11/2004
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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:

Patient is a 53-year old female who has submitted a claim for right shoulder rotator cuff tendinitis, right shoulder arthroscopy, open subacromial decompression and open AC joint resection, cervical strain, cervical radiculitis C6 nerve root distribution, right elbow lateral epicondylitis, low back pain, lumbar radiculitis L4 and L5 nerve root distribution and right knee strain associated with an industrial injury date of 10/11/2004. Medical records from 2010-2013 were reviewed which revealed persistent neck and low back pain. These were accompanied by radicular and neuropathic symptoms. Pain scale was 7/10. Physical examination of the cervical spine showed tenderness and spasm over the paracervical musculature. Manual muscle testing was 5/5 to all muscle groups of upper extremities. Lumbar spine examination showed tenderness in the parathoracic musculature. Shoulder examination showed positive Neer and Hawkins tests. O'Brien, Speed, Apprehension, Crossover, AC joint compression and drop arm tests were negative. Elbow examination showed negative Tinel, McMurray, Lachman and pivot shift tests. Treatment to date has included, lumbar epidural injection. Medications taken include, Vicodin, Gabapentin, Dulcolax, Cyclobenzaprine, Diclofenac, Tramadol and Ondansetron. Utilization review from 1/10/2014 denied the request for Dulcolax 5mg because it was not clear if the patient's constipation was opioid induced. It was also unclear if she has been treated with medication for constipation in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DULCOLAX 5MG, #30:** Overturned

**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 2009, Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2907601/>.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated with opioid therapy. In this case, patient was prescribed Dulcolax 5mg to lessen discomfort of constipation secondary to opioid use. The medical necessity has been established. Therefore, the request is medically necessary