

Case Number:	CM14-0108504		
Date Assigned:	08/01/2014	Date of Injury:	10/08/2012
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 26 year-old male who was injured on 10/08/2012. He was diagnosed with right inguinal hernia with associated groin pain and constipation. He initially self-treated his pain with Tylenol, Advil, and treated his constipation with an unknown liquid (over the counter) for his constipation which all didn't help much. He was later asked to increase his fiber intake (Feb 2013) by his treating physician after reporting worsening pain (8/10 on pain scale) in his right groin area and constipation. He was later prescribed Colace and Citrucel. On 04/05/2013, the worker reported to his treating physician that there was no change in his constipation or right groin pain with the use of Colace and Citrucel, and was referred to a general surgeon. On 05/07/2013, the worker had not yet seen the surgeon and complained of his groin pain worsening even more (9/10 on pain scale). Physical examination revealed soft, tender right inguinal hernia with epididymal tenderness with normoactive bowel sounds. He was then prescribed Tramadol for his pain. On 07/31/2013, the worker was seen again by his treating physician reporting not seeing the surgeon yet and that his right groin pain was reaching a 10/10 pain level, constipation (even with supplemental fiber, and Colace), and an inability to perform sexual activity. Physical examination revealed a reducible hernia on the right, but still with tenderness. On 10/02/2013, the worker reported improving bowel movements (2-3 times per day) but with lingering severe pain (rated 10/10 on pain scale). On 12/13/2013, he was seen by another physician who examined the worker and noted that his right inguinal hernia was very large and not reducible anymore, and attributed this to the fact that he was not seen by a surgeon earlier in his care. He finally underwent right inguinal surgery on 03/28/2014, which was successful. On 04/25/2014, his surgeon reported that the worker was free of tenderness of the right inguinal area and only complained of mild occasional pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citrucel #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-induced constipation treatment.

Decision rationale: The MTUS guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements, such as Citrucel, may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. In the case of this worker, the likely cause of his constipation from the beginning was his hernia, and later as the hernia became larger, the constipation lessened and was having frequent bowel movements (2-3 per day) with the Citrucel and Colace use. Now that the worker has undergone the corrective treatment (surgery) there should be no more need for these products to treat his constipation, which has improved. Therefore, the Citrucel is not medically necessary.

Colace 100mg quantity #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-induced constipation treatment.

Decision rationale: The MTUS guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements, such as Citrucel, may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. In the case of this worker, the likely cause of his constipation from the beginning was his hernia, and later as the hernia became larger, the constipation lessened and was having frequent bowel movements (2-3 per day) with the Citrucel and Colace use. Now that the worker has undergone the corrective treatment (surgery) there should be no more need for these products to treat his constipation, which has improved. Therefore, the Colace is not medically necessary.

Tramadol 50mg quantity #45 (Theramine #90): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Theramine.

Decision rationale: The MTUS guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS guidelines are silent when it comes to use of Theramine. Theramine is a medical food product that includes a variety of amino acids, GABA, 5-HTP, and other ingredients, and is used in the management of pain syndromes. The ODG states that Theramine is not recommended as there is no high quality peer-reviewed literature that shows that these ingredients are effective. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended, according to the ODG. In the case of this worker, the groin pain from his hernia was corrected surgically and there is no more need for any pain medication as he reported minimal to no pain after the successful surgery. Therefore, this request is not medically necessary.