

<b>Case Number:</b>	CM14-0178149		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

Post laminotomy pain syndrome, post hardware removal, post L4-S1 anterior posterior fusion 2004  
Chronic pain syndrome including, depressive and sleep disorder, sexual dysfunction, TMJ/Bruxism/xerostomia  
Left knee derangement  
History of alcoholism  
Narcotic dependency  
Hypertension  
Incontinence  
Gastroesophageal reflux disease  
Constipation with rectal bleeding secondary to administration of NSAID. (08/05/14 report)  
Medications are listed as Norvasc, Lisinopril, Omeprazole, Suboxone, MiraLax, Dulcolax, Amitiza, Wellbutrin, Cymbalta, Ambien and Simvastatin. The utilization review being challenged is dated 09/23/14. The rationale is that the patient is prescribed 3 laxatives and Miralax is already certified . Reports were provided from 03/17/14 to 08/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dulcolax:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://drugs.com/cdi/dulcolax>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Institutes of Health, National Library of Medicine states this medication is a

stimulant laxative <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=eac116c1-d109-4c01-8cd4-ba27ddd2ce40>

**Decision rationale:** The patient presents with lower back pain radiating to the lower extremities, depression and incontinence. . The treater requests for Dulcolax (Bisacodyl). The reports show the patient has been taking this medication since at least 03/17/14. The MTUS guidelines pg. 76-78 discusses prophylactic medication for constipation when opiates are used. MTUS and ODG do not discuss this medication. National Institutes of Health, National Library of Medicine states this medication is a stimulant laxative, <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=eac116c1-d109-4c01-8cd4-ba27ddd2ce40> states this medication is for constipation and notes the patient is approved for consultation for severe constipation despite multiple medications and successful narcotic detox. The 08/05/14 Internal medicine consultation report by [REDACTED] states the patient has a major problem whereby he has to exert extreme force to evacuate bowel contents. The patient goes to the bathroom every three days and has recently noticed blood in his bowel movements and has severe pain from constipation. [REDACTED] also states the likely cause is analgesic medications. In this case, the medication is indicated for constipation that is present in this patient. Request is medically necessary.