

<b>Case Number:</b>	CM14-0024018		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 58-year-old male with a 6/5/2002 date of injury. A specific mechanism of injury was not described. A 02/4/14 determination was non-certified. Twelve (12) sessions of individual psychotherapy, Viagra, and Lyrica, were conditionally non-certified. The prescriptions for Biscodyl, Miralax, Colace, and Norco were non-certified. Reasons for non-certification of Biscodyl, Miralax, and Colace included no significant measurable improvement in constipation between November 2012 and July 2013. In addition the patient was no longer using opioid therapy and he had reached the final stage of tapering. Regarding Norco, it was indicated that the appropriate tapering measures had been instituted in previous reviews and it was reasonable to discontinue the medication. A 01/20/14 medical report identifies a procedure report for a lumbar epidural injection. A 01/15/14 medical report identified a pain level of 8/10 for the cervical spine and lumbar spine, and 7/10 for the bilateral shoulders. The pain decreases to 5/10 in all areas with medications. There has been more severe, constant pain in the left elbow/and arm area, and neck area. The patient was taking the medication as prescribed. On exam there was decreased range of motion with tenderness. There were decreased reflexes in the upper and lower extremities. Sensation was also decreased. The ACOEM criteria for opioid prescription was cited and the provider stated that the patient meet the criteria. It was noted that Biscodyl, Miralax, Colace were taken for constipation secondary to pain medication. The risks and benefits of the medications were discussed with the patient. On 12/18/13, the pain level was 8/10. It is also noted that the rules and regulations of surrounding prescription of opioids and compliance were discusses at length. The patient was advised that failure to follow the rules and regulations will result in taper and discontinuation of medications. Records indicate urine toxicology tests from 2008 and 2007. A 06/7/13 medical report indicates that the patient had constipation secondary to

opioid use. He reported that is well maintained on the combination of Biscodyl, Miralax, and Amitiza. Per the patient, he was taking all three medications daily.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One (1) prescription of Biscodyl 5mg #15, with five (5) refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Opioid Therapy for Chronic Pain Working Group, VA/DoD clinical practice guideline for management of opioid therapy for chronic pain, Washington (DC): Department of Veterans Affairs, Department of Defense; 2010 May. 159 p.

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

**Decision rationale:** The patient was on chronic opioid therapy, for which prophylactic treatment of constipation should be initiated, according to the Chronic Pain Guidelines and the Official Disability Guidelines. However, the patient was taking three (3) medications for this condition and there was no clear delineation for the need for such. In addition, the last report addressing constipation was in June of 2013. There were no recent medical reports addressing the current bowel regimen. Furthermore, it appears that the patient was being weaned off and discontinued the use of opioid medications. In that context, there was no need for the continuation of the requested medication. There was insufficient documentation to support this request.

#### **One (1) prescription of Miralax #2, with five (5) refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tement CA, Bastawrous AL, Morin, NA, Ellis CN, Hyman NH, Buie WD, Standards Practice Task Force of The American Society of Colon and Rectal Surgeons. Practice parameters for the evaluation and management of constipation. Dis Colon Rectum 2007 Dec;50(12):2013-22.

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

**Decision rationale:** The patient was on chronic opioid therapy, for which prophylactic treatment of constipation should be initiated, according to the Chronic Pain Guidelines and the Official Disability Guidelines. However, the patient was taking three (3) medications for this condition and there was no clear delineation for the need for such. In addition, the last report addressing constipation was in June of 2013. There were no recent medical reports addressing the current bowel regimen. Furthermore, it appears that the patient was being weaned off and discontinued

the use of opioid medications. In that context, there was no need for the continuation of the requested medication. There was insufficient documentation to support this request.

**One (1) prescription of Colace 100mg #60, with five (5) refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation, Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

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

**Decision rationale:** The patient was on chronic opioid therapy, for which prophylactic treatment of constipation should be initiated, according to the Chronic Pain Guidelines and the Official Disability Guidelines. However, the patient was taking three (3) medications for this condition and there was no clear delineation for the need for such. In addition, the last report addressing constipation was in June of 2013. There were no recent medical reports addressing the current bowel regimen. Furthermore, it appears that the patient was being weaned off and discontinued the use of opioid medications. In that context, there was no need for the continuation of the requested medication. There was insufficient documentation to support this request.

**One (1) prescription of Norco 10/325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D., N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 ([http://www.americanpainsociety.org/uploads/pdfs/Opioid\\_Final\\_Evidence\\_Report.pdf](http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf)).

**Decision rationale:** The Chronic Pain Guidelines indicate that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. The Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine, in addition to various review articles state that opioid doses above 200 mg of morphine (or its equivalents per day) is considered "high dose" opioid therapy and is "off-label", highly experimental and potentially dangerous. The patient has chronic pain and had been under chronic opioid therapy. There apparently was appropriate medication management with lack of adverse side effects and continued discussion of rules and regulations of opioid therapy. However, the records do not clearly reflect appropriate analgesia. There is one report identifying

decrease of pain with the medications, yet, many other reports include significant pain level. In addition, the last documented urine toxicology tests were done in 2008 and there is no clear indication of how the physician was performing medication monitoring. Furthermore, the previous determination states that at the time of an additional prior determination Norco was modified to allow weaning and that tapering was performed, for which no additional prescriptions of Norco were required. However, the most recent medical reports do not identify any attempts at weaning or any deliniation of a treatment plan contemplating such. It was not clear if tapering was actually performed or if the provider intended to continue with opioid medication management. There was insufficient documentation to support this request.