

<b>Case Number:</b>	CM14-0029647		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	11/15/2002
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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 injured worker is a 44-year-old male who reported an injury on 11/15/2002. The mechanism of injury was not provided in the medical records. His diagnoses include cervicgia and chronic constipation. Previous treatments include medication, physical therapy, injections, and a TENS unit. Per the clinical note dated 10/03/2013, the injured worker was in for a follow-up for his constipation. The physician reported the injured worker's present history included that he was on disability since 2004 and was on high doses of narcotics, and was seen last year for severe constipation refractory to conventional laxatives. The physician reported he had good response to Relistor, generally having bowel movements within a few hours. The physician reported the injured worker lost response when self-administering due to sometimes would draw 0.7 mL to 0.8 mL instead of 0.6 mL. The injured worker reported he had nausea, flushing, and lightheadedness after injections, consistent with opioid withdrawal symptoms. On physical examination of the abdomen, the physician reported it was soft, non-tender, and nondistended without masses with normal bowel sounds. The physician noted the injured worker had narcotic-induced constipation overlapped with irritable bowel syndrome. He reported the injured worker had lost the effect from Relistor and, given the side effects he experienced, the physician prescribed Linzess 290 mcg daily. Within the most recent clinical note dated 01/08/2014, the injured worker was seen for a pain management consult. The injured worker indicated that he had right lower back pain radiating down bilateral thighs, both knees, both upper extremities, neck, and head migraines. He rated his pain at a 10/10 during flare-ups and an average of 7/10 with some worsening intensity over the past year. He described the pain as stabbing, burning, sharp, aching, and electrical in most areas. The physician reported the injured worker's pain had spread and he was manifesting significant psychological disturbance in conjunction with his pain problems, which may be acting to exacerbate, magnify, and worsen his pain syndrome. The

physician's treatment plan included 6 weeks to 8 weeks of a comprehensive subacute residential, non-narcotic functional restoration pain management program emphasizing functional restoration, strengthening, detoxification, addiction control, pain management, and mood control. The request is for Simethicone chew 125 mg #120 and Relistor solution 12 mg/0.6 mL #5. The rationales for the requests were not provided. The referral authorization form was not provided in the medical records.

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

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

#### **SIMETHICONE CHEW 125MG #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD CONSULT.COM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682683.html#why>.

**Decision rationale:** Medline Plus indicated that Simethicone is used to treat the symptoms of gas such as uncomfortable or painful pressure, fullness, and bloating. The clinical documentation provided indicated the injured worker had complaints of constipation due to opioid use. However, the rationale was not provided to indicate why the Simethicone would be necessary. There was also a lack of efficacy noted in the documentation. The request as submitted did not include the frequency of the medication. As such, the request for Simethicone chew 125 mg #120 is not medically necessary.

#### **RELISTOR SOLUTION 12MG/0.6ML #5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans Health Administration, Department Of Defense, Vadod Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** The California MTUS Guidelines state that when initiating opioid therapy prophylactic treatment of constipation should be initiated. The clinical documentation provided indicated the injured worker had severe constipation refractory to conventional laxatives and was prescribed Relistor. However, it was indicated in the clinical note dated 10/03/2013 that the physician discontinued the medications due to the side effects he was experiencing and the inadequacy of the medication. The physician recommended the injured worker to take Linzess 290 mcg daily. As the medication had been discontinued due to side effects and inadequacy, the request is not supported. As such, the request for Relistor solution 12 mg/0.6 mL #5 is not medically necessary.

