MAXIMUS Federal Services

| Case Number: | CM14-0081622 | | |
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| Date Assigned: | 07/18/2014 | Date of Injury: | 12/06/1994 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

## 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 & 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:

The patient is a 52 year old with an injury date on 12/6/94. Patient complains of right-sided weakness, allodynia, and right footstop per 5/19/14 report. Patient's antipdepressants were denied, which increased depression and suicidal ideation per 2/17/14 report. Patient had his intrathecal pump decreased by 25% which increased pain and caused patient to rely heavily on Roxicodone for pain control per 11/4/13 report. Based on the 5/19/14 progress report provided by [redacted] the diagnoses are: 1. Complex regional pain syndrome, right lower extremity with riqht foot drop. A. Spread of complex regional pain syndrome to four extremities, right greater than left. B. Status post upper and lower extremity spinal cord stimulator placements. C . Status post intrethacal morphine pump placement D. Systemic neuropathic pain syndrome with profound allodynia over the IPG and scs. 2. Major depressive disorder. A. History of suicidal ideation. 3. Hypertension . 4. Medication-induced constipation with rectal bleeding. 5. History of overdose. Exam on 5/19/14 showed "no orthostatic changes. Heart has regular rate/rhythm. Continues with abnormal speech pattern." [redacted] is requesting Dulcolax suppositories, Roxicodone 15mg, and Amitza 24mcg. The utilization review determination being challenged is dated 5/22/14 and rejects Dulcolax as there is no explanation regarding patient's necessity of two laxatives (Dulcolax, Amitiza). [redacted] is the requesting provider, and he provided treatment reports from 7/31/12 to 7/7/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dulcolax suppositories:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain chapterOpioid-induced constipation treatment.

**Decision rationale:** This patient presents with right-sided weakness/allodynia. The treater has asked for Dulcolax suppositories on 5/19/14. Review of the report shows patient had intrathecal pump filled with morphine since at least 8/5/13. Patient has been taking Dulcolax since 11/4/13 report but no mention of its efficacy in provided reports. Regarding Opioid-induced constipation treatment, ODG recommends that Prophylactic treatment of constipation should be initiated. As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. In this case, the treater has asked for Dulcolax suppositories which is indicated for treatment of patient's opioid-inducted constipation. Recommendation is for authorization.

**Roxicodone 15mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with right-sided weakness/allodynia. The treater has asked for Roxicodone 15mg on 5/19/14. Patient has been taking Roxicodone since at least 11/4/13 report, and has relied on it heavily for pain control since intrathecally-administered morphine was decreased by 25%. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Roxicodone. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.

**Amitza 24mcg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77. Decision based on Non-MTUS Citation ODG-TWC, Pain chapterOpioid-induced constipation treatmentOther Medical Treatment Guideline or Medical Evidence:X AMITIZA.comhttp://www.amitiza.com.

**Decision rationale:** This patient presents with right-sided weakness/allodynia. The treater has asked for Amitiza 24mcg on 5/19/14. Patient has "trialed" Amitiza on 1/14/13 "for ongoing constipation." Regarding opioids, MTUS states that when initiating therapy, the prophylactic treatment of constipation should be initiated. Regarding opioid-induced constipation, ODG recommends Lubiprostone (Amitiza) as a second-line medication (if traditional over the counter medications do not work) that shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. Lubiprostone is a locally acting chloride channel activator that has a distinctive mechanism that counteracts the constipation associated with opioids without interfering with the opiates binding to their target receptors. According to the manufacturer's website, Amitiza is approved to treat chronic idiopathic constipation in adults, and irritable bowel syndrome with constipation in women 18 years and older, and to treat constipation caused by opioids, a type of prescription pain medicine, in adults with chronic, non-cancer pain. The effectiveness of Amitiza has not been established if patient is taking a diphenylheptane opioid (e.g., methadone). In this case, the treater has asked for Amitiza 24mcg but its efficacy is not indicated in provided reports. Regarding medications for chronic pain, MTUS pg. 60 states treater must keep a record of improvement in pain and function. Due to a lack of documentation, recommendation is for denial.