

<b>Case Number:</b>	CM14-0093436		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/31/2005
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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:

According to the records made available for review, this is a 74-year-old male with an 8/31/05 date of injury. At the time (5/7/14) of request for authorization for Colace 100mg #60, 3 refills, Senokot-S 8.6-50mg #60, 3 refills, and Tramadol HCl 50mg #60, 1 refill, there is documentation of subjective (left hip pain) and objective (decreased left hip range of motion with stiffness, tenderness to palpation over iliotibial band, positive Faber test, and straight leg raise test on the left) findings, current diagnoses (hip pain and hip degenerative joint disease), and treatment to date (ongoing therapy with Tramadol and Neurontin with decrease in pain levels and increase in activities of daily living; and ongoing therapy with Senokot and Colace). In addition, medical report identifies a pain contract and a request for Senokot and Colace for constipation secondary to opioid medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #60, 3 refills:** Overturned

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

**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,

and <http://www.drugs.com/ppa/docusate.html>.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. Within the medical information available for review, there is documentation of diagnoses of hip pain and hip degenerative joint disease. In addition, given documentation of ongoing treatment with Tramadol and a request for request for Senokot for constipation secondary to opioid medication, there is documentation of a diagnosis/condition for which Colace is indicated (prophylactic treatment of constipation and chronic opioid use). Therefore, based on guidelines and a review of the evidence, the request for Colace 100mg #60, 3 refills is medically necessary.

**Senokot-S 8.6-50mg #60, 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The FDA identifies documentation of a diagnosis/condition for which Senokot is indicated (such as short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (eg, after anorectal surgery, MI); to evacuate the colon for rectal and bowel examinations; prevention of dry, hard stools; preoperative and preradiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use), as criteria necessary to support the medical necessity of Senokot. Within the medical information available for review, there is documentation of diagnoses of hip pain and hip degenerative joint disease. In addition, given documentation of ongoing treatment with Tramadol and a request for request for Senokot for constipation secondary to opioid medication, there is documentation of a diagnosis/condition for which Senokot is indicated (prophylactic treatment of constipation and chronic opioid use). Therefore, based on guidelines and a review of the evidence, the request for Senokot-S 8.6-50mg #60, 3 refills is medically necessary.

**Tramadol HCl 50mg #60, 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of hip pain and hip degenerative joint disease. In addition, there is documentation of moderate chronic pain and Tramadol used as a second-line treatment (in combination with first-line drugs (Neurontin)). Furthermore, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of given documentation of ongoing treatment with Tramadol resulting in decreased pain levels and increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for Tramadol HCl 50mg #60, 1 refill is medically necessary.