

<b>Case Number:</b>	CM14-0098820		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Internal Medicine 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 62 year old female has a date of injury of 12/8/2009 when a piece of the ceiling fell and hit her in the head. She was diagnosed with a closed head injury with post-traumatic headaches, residual cervical pain and stiffness, as well as intermittent radicular symptoms to the right upper extremity, secondary depression due to chronic pain, secondary insomnia, and gastrointestinal reflux and stomach complaints related to use of pain medication she has taken over a period of time. The patient has undergone right shoulder arthroscopy with subacromial decompression and distal clavicle removal, and open rotator cuff repair on 3/22/2010. She has also had epidural injections, and C4-7 discectomy and fusion in 2011. Electromyogram and nerve conduction studies were done 12/21/2010 and results were consistent with bilateral carpal tunnel syndrome, and right upper extremity cervical motor radiculopathy. She subsequently has undergone post-operative physical therapy for her right shoulder. A treating physician's report from 5/7/2014 reported that the patient complains of headaches, neck pain, right shoulder pain, stomach pain and constipation due to the use of medications, and depression after the injury on 12/8/2009. Current medications include over the counter Aleve, Advil, Tylenol and aspirin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Promolaxin 100mg 1-3 Tablets QPM:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Medication Section: Opioid Induced Constipation treatment.

**Decision rationale:** Promolaxin is a laxative which is also known as docusate sodium and is used in the treatment of constipation. Based on the ODG, if prescribing opioids has been determined to be appropriate, the ODG recommends that prophylactic treatment of constipation should be initiated. First line treatment include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help stimulate gastric motility. Other over the counter medication can help loosen otherwise hard stools, add bulk, and increase water content of the stool. If first line treatments do not work, there are other second line options such as Relistor, or Amitiza. In this case, there was no mention of using other modalities to prevent/relieve constipation and the patient is not currently taking opioid medications. Therefore, based on ODG criteria and the evidence in this case, the request is not medically necessary.

**Omeprazole 20mg 1-2 QD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Section 9792.20, Page 68 Page(s): 68.

**Decision rationale:** Based on the MTUS Chronic Pain Guidelines, patients who are at risk for gastrointestinal events include: patients > 65 years old, patients with a history of peptic ulcer, gastrointestinal bleeding or perforation, and patients with concurrent use of aspirin, corticosteroids, and /or an anticoagulant, or high dose/multiple NSAID use. In patients with no risk factors and no cardiovascular disease, a non-selective NSAID is okay, such as Naproxen. In patients with intermediate risk factors for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a proton pump inhibitor (such as Omeprazole), or misoprostol, or a Cox-2 selective agent would be appropriate. Long term use (> 1 year) of proton pump inhibitors has been shown to increase the risk of hip fracture. In this case, the patient is a 62 year old female without any documented history of peptic ulcer disease, gastrointestinal bleeding or perforation, and does not take high dose multiple NSAIDs. Therefore, this puts her in a low risk category. There was no specified duration for treatment with Omeprazole and long term use greater than one year increases her risk for hip fracture. Therefore, the request is not medically necessary and appropriate.