

Case Number:	CM14-0192380		
Date Assigned:	11/26/2014	Date of Injury:	03/01/2013
Decision Date:	02/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 42 year old female who was injured on 3/1/2013. She was diagnosed with bilateral shoulder strain, cervical strain, cervical spinal stenosis, and lumbar strain. She was also diagnosed with constipation. She was treated with medications. She was seen by her pain management physician on 9/24/14, reporting constant neck pain rated 7-8/10 on the pain scale, with associated radiation and numbness to both hands. She also reported low back pain rated 6-7/10 on the pain scale. She reported that her medications helped minimally and that she was experiencing constipation, but that the medication to treat the constipation had not helped. Physical findings included tenderness of cervical paraspinal muscles, positive Spurling's test, negative cervical compression test, tenderness of her shoulder joints, positive Neer's test and positive Hawkins test on the right shoulder, normal gait, tenderness of the thoracic and lumbar paraspinal muscles, positive straight leg raise decreased sensation below the knees with reduced lower extremity reflexes. She was then recommended MRI of the lumbar spine, Norco, Motrin, Zantac, Ambien, Cyclobenzaprine, Peri-Colace, and home exercises. The worker also expressed interest in cervical surgery, however, she was recommended to quit smoking before she would become a candidate, and so she was recommended to attend a smoking rehabilitation class (no details provided) in order to proceed with the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peri-Colace 100mg one p.o., b.i.d #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-induced constipation treatment and on Other Medical Treatment Guideline or Medical Evidence: Medscape: Senna (<http://reference.medscape.com/drug/senokot-exlax-regular-strength-senna-342030#0>), Colace (<http://reference.medscape.com/drug/colace-dss-docusate-342012#0>)

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Senna is a stimulant laxative used for constipation. It is indicated for short-term use, up to 1 week. Stimulant laxatives can lead to dependence electrolyte abnormalities, and should not be used chronically, if possible. Colace is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, there was constipation, supposedly at least in part due to her Norco use, however, this was not elaborated in the notes available for review, so the cause is unknown to the reviewer. Previous use of a medication (unnamed) seemed to not provide relief. Regardless, there was insufficient evidence to suggest that the worker had fully implemented first-line therapy for constipation (high fiber diet, exercise, water, etc.) as this was not documented in the note available for review. Therefore, the request is considered medically unnecessary.