

<b>Case Number:</b>	CM14-0024899		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 61 year old male who sustained an industrial injury on 5/18/12. He has reported back , head and neck injuries after lifting a 60 gallon trash bin and box and getting hit in the face with a crossbar of a gate. The diagnoses have included thoracic disc protrusions, depression, neuropathic pain, and insomnia, gastrointestinal pain due to medication and neuropathic pain left lower extremity. Treatment to date has included medications, diagnostics, conservative treatments, injections, surgery, physical therapy, chiropractic and acupuncture. Surgery included past microdiscectomy in 2007 and status post left discectomy dated 11/12/13. Currently, the injured worker complains of low back pain and bilateral leg pain with worsening of numbness and weakness despite initial improvement post operatively. Current medications included Ms Contin, Oxycodone, Celexa, Colace, Miralax and Lyrica. Physical exam revealed gait improving slowly, he still uses a cane and has difficulty moving left leg due to neuropathic pain. There is pain to palpation in the lumbar spine with limited range of motion due to pain. The Magnetic Resonance Imaging (MRI) of the thoracic spine dated 5/17/13 revealed disc protrusion, cystic changes consistent with Tarlov cyst, impingement of the nerve root and facet joint arthropathy with facet edema. Work status was to remain off work until further evaluation. Follow up in 6 weeks to review studies and further treatment options such as injections and possible surgery. On 2/26/14 Utilization Review modified a request for SENNA 17.2MG 1-2 PO QHS PRN CONSTIPATION #30; REFILLS: 3 and MIRALAX SOLUTION, USE AS DIRECTED PRN FOR CONSTIPATION #1; REFILLS:3 modified to SENNA 17.2MG 1-2 PO

QHS PRN CONSTIPATION #30; with no refills and MIRALAX SOLUTION, USE AS DIRECTED PRN FOR CONSTIPATION #1; with no refills, noting that regarding the SENNA this medication is supported by the guidelines for opioid induced constipation as opioids are recommended for taper the request was modified. Regarding the MIRALAX SOLUTION, this medication is supported by the guidelines for opioid induced constipation as opioids are recommended for taper the request was modified. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 2/26/14 Utilization Review non-certified a request for OMEPRAZOLE 20MG 1 PO QD PRN STOMACH #30; REFILLS: 3, noting the guidelines do not support the use of OMEPRAZOLE for symptoms of reduced gastric motility from opioid use. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

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

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

**OMEPRAZOLE 20MG 1 PO QD PRN STOMACH #30; REFILLS:3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for OMEPRAZOLE 20MG 1 PO QD PRN STOMACH #30; REFILLS:3 is not medically.

**SENNA 17.2MG 1-2 PO QHS PRN CONSTIPATION #30; REFILLS: 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Pain (Chronic), Opioid-induced constipation treatment UpToDate.com, docusate and senna

**Decision rationale:** Docusate and sennoside are stool softeners and laxatives, respectively. This patient is undergoing treatment with Norco, which is an opioid. The length of time this patient

has been on Norco is unknown. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber and 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. Uptodate states Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents. Additionally, There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives. The treating physician does not document any attempts at first line therapy and does not document the results of the first line therapy. Additionally, the previous reviewer modified this request to not include refills as the request for opioid pain medications was non-certified. This patient should be re-evaluated for the necessity of this medication after opioid weaning has been completed. As such, the request for SENNA 17.2MG 1-2 PO QHS PRN CONSTIPATION #30; REFILLS: 3 is not medically indicated at this time.

**MIRAMAX SOLUTION, USE AS DIRECTED PRN FOR CONSTIPATION #1;  
REFILLS:3: Upheld**

**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): 74-96. Decision based on Non-MTUS Citation Pain, Opioid-induced constipation treatment UpToDate.com, Miralax GoLytely-Prescription package insert

**Decision rationale:** Miralax is a Polyethylene glycol (PEG) osmotic laxative agent. The Miralax prescription insert states is a combination of PEG 3350, an osmotic laxative, and electrolytes indicated for cleansing of the colon.ODG states that first line treatment should include physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber and 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. Uptodate recommends other laxatives, such as sennosides (which the patient is taking), for patients who response poorly to fiber, or who do not tolerate it. The treating physician does not document any attempts at first line therapy and does not document the results of the first line therapy. Additionally, the previous reviewer modified this request to not include refills as the request for opioid pain medications was non-certified. This patient should be re-evaluated for the necessity of this medication after opioid weaning has been completed. As such, the request for MIRAMAX SOLUTION, USE AS DIRECTED PRN FOR CONSTIPATION #1; REFILLS:3 is not medically necessary.