

Case Number:	CM15-0007525		
Date Assigned:	01/26/2015	Date of Injury:	01/04/2008
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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 54-year-old female, who sustained an industrial injury on January 4, 2008. Her diagnoses include lower back pain, depressive disorder, lumbar/lumbosacral disc degeneration, myofascial pain, and other general symptoms. She has been treated with oral and topical pain, muscle relaxant, anti-epilepsy, and laxative medications. On November 21, 2014, his treating physician reports the injured worker complains of continued nausea and feels "very full of poop." The injured worker tried another laxative (Lactulose) twice a day, which resulted in bowel movements every other day. The treatment plan included a combination of laxative products. On December 13, 2014 Utilization Review non-certified a prescription for Metamucil 1 packet three times a day as needed, noting the it was indicated on the clinical note that Metamucil was not helping. There was lack of documentation of the appropriateness of which laxative to use or if combination of products is, appropriate. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metamucil, 1 packet three times a day as needed: 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 Pain, Pain, Opioid induced Constipation

Decision rationale: ODG states "Recommended as indicated below. In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, and then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments 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 to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". The treating physician has not provided documentation of a trial and failure of first line therapies (increased physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet rich in fiber. In addition, the treating physician notes that the metamucil has not helped but the patient had some improvement with Lactulose and Miralax. As such, the request for Metamucil, 1 packet three times a day as needed is not medically necessary.