

Case Number:	CM15-0102655		
Date Assigned:	06/10/2015	Date of Injury:	10/01/2010
Decision Date:	07/14/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 48-year-old female, who sustained an industrial injury on 10/01/2010. Diagnoses include lumbago, dysthymia, and insomnia, degeneration of intervertebral disc, constipation, ADHD and asthma. Treatment to date has included medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 3/05/2015 and 4/16/2015, the injured worker reported low right side back pain, anxiety and constipation. She reported back pain with radiation to the right knee. Physical examination of the right knee revealed tenderness, erythema and reduced range of motion. Lumbar spine examination revealed spasm and tenderness upon palpation and reduced range of motion. The plan of care included medications and authorization was requested for Cyclobenzaprine, Bisacodyl, Senna, Milk of Magnesia (██████████), Polyethylene glycol and Docusate Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 MG #30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The documentation does not reference any muscle spasm that the Flexeril would be used for and at this time frame it is not indicated. This request is not medically necessary and appropriate.

■ **Senna Laxative 8.6 MG #120 with 5 Refills:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines 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. First line treatment includes 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. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate.

■ **Bisacodyl EC 5 MG #60 with 1 Refill:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines 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. First line treatment includes 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. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate.

■ **Milk of Magnesia Susp #355 ML with 2 Refills: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines 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. First line treatment includes 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. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate.

Polyethylene Glycol 350 Powd 255 GM with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines 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. First line treatment includes 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. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate.

Docusate Sodium 100 MG Soft Gel #60 with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines 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. First line treatment includes 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. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate.