

Case Number:	CM15-0106895		
Date Assigned:	06/04/2015	Date of Injury:	12/08/2009
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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: California

Certification(s)/Specialty: 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 63 year old female, who sustained an industrial injury on 12/8/09. She has reported initial complaints of head, neck and shoulder injuries. The diagnoses have included closed head injury with post traumatic headaches, status post right shoulder arthroscopy and rotator cuff repair with persistent pain and weakness, depression due to chronic pain, insomnia due to chronic pain and diarrhea alternating with constipation due to depression and anxiety from the chronic pain. Treatment to date has included medications, activity modifications, diagnostics, right shoulder surgery, cervical spinal fusion surgery, physical therapy and transcutaneous electrical nerve stimulation (TENS). Currently, as per the physician progress note dated 5/1/15, the injured worker complains of headaches with throbbing and photophobia, right neck pain that radiates to the occipital area, right shoulder pain in spite of surgery done in 2010, stomach pain, depression, sleeping difficulties and constipation. The physical exam reveals mood and affect that were moderately depressed. She is tearful. There is right lower facial drooping noted which is related to platysma muscle injury. The cervical spine exam reveals guarded appearance and asymmetry with tightening of the neck muscles, decreased range of motion and pain. The right shoulder exam reveals limited range of motion due to pain. The current medications included Neurontin, Elavil, Naproxen, Omeprazole, and Promolaxin. The physician noted that she had constipation from non- opioid medication such as Elavil and Neurontin. The physician requested treatment included Promolaxin 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promolaxin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before therapeutic trial of Opioids, Prophylactic treatment of constipation 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) Opioid-induced constipation treatment.

Decision rationale: Based on ODG guidelines, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, the 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 tract results in absorption of electrolytes, such as chloride, with 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 Second-line: If the first-line treatments do not work, there are other second-line options. Even though this patient's constipation is from non-opioid medications, I believe the above ODG criteria still apply. In this case, the patient does suffer from constipation, but it does not appear that first-line treatment of increasing exercise, increasing fluid intake, and encouraging a fiber rich diet has been done. Therefore, based on the evidence in this case and the ODG guidelines, the request for Promolaxin is not medically necessary.