

Case Number:	CM15-0144183		
Date Assigned:	08/05/2015	Date of Injury:	03/01/2009
Decision Date:	09/22/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/24/2015

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 & General Preventive 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 50 year old female who sustained an industrial injury on March 1, 2009. The injured worker fell sustaining a right hand-wrist fracture. She later developed complex regional pain syndrome with right upper extremity pain. According to a progress report dated June 24, 2015, the injured worker was stable on her medications. She reported more foot swelling and pain. Pain had worsened recently and she was unable to ambulate. She was living on the 3rd floor with no elevator and could not leave her apartment or go outside because of her pain. The provider noted that the injured worker was crying during the visit due to her pain. Pain was rated 10 on a scale of 1-10 and varied from 8-10 in severity on any given day. At her initial presentation, pain was rated 9. Pain was located in the right wrist. It radiated to the right forearm to the arm to the collarbone with occasional left hand pain. She also had pain from her toes to her groin bilaterally worse on the right side. Pain was described as constant and burning. Medications were helpful for the pain. Previous treatments included Lidocaine injections to the right hand and right stellate ganglion nerve blocks, which were not helpful. Lyrica caused weight gain and swelling. Tramadol and Vicodin were not helpful. Pain progressed to the right arm and shoulder. Intravenous Ketamine infusion treatments were not helpful. Spinal cord stimulator placement provided only mild improvement. She also reported right leg limping and pain. She was also starting to feel more symptoms in her left hand and upper extremity as well. Assessments included reflex sympathetic dystrophy of the upper limb and reflex sympathetic dystrophy of the lower limb. The provider noted that the injured worker should have home

assistance daily for 4 hours because of the severity of her pain and total disability. The treatment plan included continuation of Dilaudid, Exalgo, Cymbalta, Tizanidine, Ibuprofen, Colace 100 mg twice a day as needed and Senokot S two tablets every day as needed laxatives. Currently under review is the request for Colace 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment and Other Medical Treatment Guidelines UpToDate.com, Docusate.

Decision rationale: Colace is a stool softener. This patient is undergoing treatment with an opioid. 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 what first line treatments have been tried and what the results of those treatments are. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. It appears the patient's opioid medications were non-certified. As such, the request for Colace 100mg is not medically necessary at this time.