

<b>Case Number:</b>	CM15-0147778		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	04/08/2010
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 59 year old male, who sustained an industrial injury on 04-08-2010. On provider visit dated 06-25-2015 the injured worker has reported pain with medication as 8 on a scale of 1 to 10 and without medication 10 out of 10. On examination antalgic gait was noted. Lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted with limited flexion. On palpation of paravertebral muscles spasm was noted on both sides. Lumbar facet loading was positive as well. Faber test and pelvic compression test was noted as positive. Gluteal and coccygeal tenderness was noted as well. The diagnoses have included backache NOS. Treatment to date has included medication listed as Neurontin, Colace, Senokot, Ambien, Nucynta and Wellbutrin. The provider requested Colace, Senokot and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #60 with 1 refill:** 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 opioids  
Page(s): 82.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on for over a year. Recent exam noted indicate only a 1 point reduction in pain scores with Nucynta (opioid) In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The continued use of Nucynta is not justified. Therefore, continued use of Colace is not medically necessary.

**Senekot 187mg #60 with 1 refill:** 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 opioids  
Page(s): 82.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on for over a year. Recent exam noted indicate only a 1 point reduction in pain scores with Nucynta (opioid) In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The continued use of Nucynta is not justified. Therefore, continued use of Senkkot is not medically necessary.

**Ambien 5mg #20 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and insomnia and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for over a year. The etiology of sleep disturbance was not defined or further evaluated. Continued and chronic use of Zolpidem (Ambien) is not medically necessary.