

<b>Case Number:</b>	CM15-0186625		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 71 year old male, who sustained an industrial injury on 5-12-2003. The injured worker was being treated for left shoulder pain. On (6-19-2015 to 8-14-2015), the injured worker reported ongoing left shoulder pain, which was rated 3 out of 10 with medications and 5 out of 10 without medications. He occasionally drops items from the left hand. Per the treating physician (8-14-2015 report), the injured worker's activity level had increased. The physical exam (6-19-2015 to 8-14-2015) revealed left shoulder abduction of 118 degrees, which was restricted by pain. There was tenderness to palpation in the acromioclavicular joint and greater tubercle of the humerus and pain with flexion and extension motor strength testing. There was 4 out of 5 motor strength of the left grip, left elbow flexor and extensor, left shoulder flexor's, and Left shoulder external rotation. There was no documented gastrointestinal assessment in the physical exam (6-19-2015 to 8-14-2015). Per the treating physician (8-14-2015 report), electromyography and a nerve conduction study of the left upper extremity from 6-2-2014 were normal. Treatment has included acupuncture, a home exercise program, and medications including oral pain, topical pain (Lidoderm 5% patch since at least 4-2015), and stool softener (Docusate sodium since at least 4-2015). The treatment plan included continuing the Lidoderm 5% patch and increasing the Docusate sodium due to worsened constipating over the past month with opioid pain medication use. On 8-27-2015, the requested treatments included Docusate sodium 250mg, #60 with 3 refills and Lidoderm 5% patch, #30 with 3 refills. On 9-3-2015, the original utilization review non-certified requests for Docusate sodium 250mg, #60 with 3 refills and Lidoderm 5% patch, #30 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate sodium 250mg, #60 with 3 refills (per 8/14/15 order): 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) Pain Opioid-induced constipation treatment and Other Medical Treatment Guidelines Drugs for Irritable Bowel Syndrome Treatment Guidelines from The Medical Letter July 1, 2011.

**Decision rationale:** Docusate is a stool softener. It works by increasing the amount of water that is absorbed by the stool in the gut. 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. If prescribing opioids has been determined to be appropriate, then ODG recommend that prophylactic treatment of constipation should be initiated. 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. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. Second line options include methylnaltrexone and lubiprostone. In this case there is insufficient documentation in the medical record to support the diagnosis of constipation. Medical necessity has not been established. The request should not be authorized, therefore is not medically necessary.

**Lidoderm 5% patch, #30 with 3 refills (per 8/14/15 order): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an anti-depressant or anti-epileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that is generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of patches planned. (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case, the patient has been using Lidocaine patch since at least April 2015. There is no documentation of improved outcomes. Criteria for use of Lidocaine patches have not been met. The request should not be authorized, therefore is not medically necessary.