

Case Number:	CM15-0197186		
Date Assigned:	10/12/2015	Date of Injury:	04/08/2010
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 60-year-old female, who sustained an industrial injury on 4-8-10. The injured worker was diagnosed as having lumbar degenerative joint disease, lumbar degenerative disc disease with disc extrusion, lumbago, and right hand and thumb pain. Treatment to date has included medication such as including Neurontin, Colace, Senokot, Ambien, Nucynta, and Wellbutrin. The injured worker had been taking Senokot and Colace since at least March 2015. On 8-27-15, the treating physician's report noted complaints of nausea and vomiting. The treating physician noted "continue Colace and Senokot as needed for constipation secondary to opiate medication use." On 8-27-15, the injured worker complained of lumbar spine pain and gluteal tenderness. The treating physician requested authorization for Doc-Q-Lace 100mg #60 and Senokot 8.6mg #60. On 9-8-15, the requests were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doc-Q-Lace 100mg #60: Overturned

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): Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: CA MTUS/ACOEM Chronic pain medical treatment guidelines, states the following when initiating opioid therapy: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. According to the ODG Pain section, opioid induced constipation treatment, "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated." According to the medical records, the injured worker is being treated with Nucynta for chronic low back pain. She has been taking Doc-Q-lace since at least March 2015. According to the guidelines, prophylactic treatment of constipation is indicated during chronic opioid treatment. Therefore, the request meets the criteria set forth in the guidelines and is medically necessary.

Senokot 8.6mg #60: 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): Opioids, dosing, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: CA MTUS/ACOEM Chronic pain medical treatment guidelines, states the following when initiating opioid therapy: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. According to the ODG Pain section, opioid induced constipation treatment, "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated." According to the medical records, the injured worker is being treated with Nucynta for chronic low back pain. She has been taking Senokot since at least March 2015. According to the guidelines, prophylactic treatment of constipation is indicated during chronic opioid treatment. However, in this case there is no indication in the documentation justification for 2-drug treatment of constipation. The exam note of 8/27/15 does not demonstrate symptoms of constipation to justify 2-drug therapy. Therefore, the request does not meet the criteria set forth in the guidelines and is not medically necessary.