

<b>Case Number:</b>	CM15-0201952		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: 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 41 year old female who sustained an industrial injury on 10-31-13. A review of the medical records indicates she is undergoing treatment for cervical strain, lumbar strain, status post right shoulder subacromial decompression, Mumford procedure on 1-15-15, right dorsal tenosynovitis with intra-articular carpal irregularity, right knee patellofemoral pain, and right ankle sprain with instability. Medical records (5-16-15, 6-24-15, and 7-16-15) indicate ongoing complaints of right shoulder pain that radiates to the neck and right upper extremity, right hand pain, right ankle pain, and right foot pain. She also complained of intermittent headaches on 7-16-15. She rates her pain "6 out of 10". The physical exam (6-24-15) reveals tenderness of the anterior and lateral deltoids of the right shoulder. Impingement sign is positive. Range of motion is noted to be 165 degrees in active abduction and 180 degrees in passive abduction. Motor strength is "3+ out of 5". The physical exam on 7-16-15 reveals a normal knee, ankle, and foot examination. Treatment has included physical therapy, use of ice and heat, a sling, a right shoulder injection, and medications. Her medications include Ibuprofen and Norco. The 6-24-15 record indicates that the injured worker is not working. The 7-16-15 record indicates recommendations of modified work duty. The utilization review (9-28-15) includes requests for authorization of Bisacodyl power and Gabapentin powder. Both requests were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bisacodyl Powder (0.470219%), Docusate Sodium Powder (5.48589%), Senna 8.6mg tablet (94.0439%) QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**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/Opioid-induced constipation treatment.

**Decision rationale:** According to ODG, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that 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 (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. In this case, the medical records note that the injured worker is being prescribed opioids. However, the medical records do not establish the medical necessity of multiple laxatives. The request for Bisacodyl Powder (0.470219%), Docusate Sodium Powder (5.48589%), Senna 8.6mg tablet (94.0439%) QTY: 1 is not medically necessary and appropriate.

**Gabapentin Powder (45.0704%), Acetaminophen Powder (54.9296%) QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines do not support topical gabapentin. Oral medications are considered first line treatment and the medical records do not establish that the injured worker is unable to tolerate oral medications. The request for Gabapentin Powder (45.0704%), Acetaminophen Powder (54.9296%) QTY: 1 is not medically necessary and appropriate.