

Case Number:	CM15-0214799		
Date Assigned:	11/04/2015	Date of Injury:	06/18/1996
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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 Jersey

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 51 year old female, who sustained an industrial injury on 8-18-1996. The injured worker is being treated for post lumbar laminectomy syndrome, sacroiliac pain, disc disorder lumbar, spondylolisthesis, and lumbar facet syndrome. Treatment to date has included lumbar fusion L5-S1 (2002) and L4-5 anterior discectomy and fusion (2013), diagnostics, medications, medial branch block, LRF (1-16-2015), psychological evaluation and treatment, and implantation (and removal) of a spinal cord stimulator. Per the Primary Treating Physician's Progress Report dated 9-09-2015, the injured worker presented for a periodic office visit regarding her lower back pain. She reported that pain has increased since the last visit. She reports her pain with medications as 6 out of 10 and 8 out of 10 without. Objective findings included restricted ranges of motion of the lumbar spine. There was loss of normal lordosis with straightening of the lumbar spine. Work status was permanent and stationary. She is not currently working. The plan of care included medications. Authorization was requested for Miralax powder 17gms packet #30, Movantik 25mg 330, Colace 100mg #90, Senokot 8.6mg #90, Zanaflex 4mg #90, Cymbalta 30mg #30 and Norco 10-325mg #90. On 10-14-2015, Utilization Review non-certified the request for Colace and Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioid-induced constipation treatment and Other Medical Treatment Guidelines Medscape.com: Colace: (<http://reference.medscape.com/drug/colace-dss-docusate-342012#0>).

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Colace is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, a note from a few months prior disclosed the worker using Norco "sparingly." The provider was prescribing miralax, colace, and senna for supposed constipation, however, there was insufficient reporting found in the notes to update if the worker still has constipation, how severe it was, and how often these medications were used. This information is required in order to help justify the use of any agent to be used regularly for constipation related to opioid use. Also, there was no explanation as to why multiple agents for constipation were being prescribed. Also, there was no report found which discussed efforts of the worker at using first-line methods to help relieve constipation (diet, water, etc.). Therefore, due to evidence suggestive of infrequent use of opioids, no current report of constipation, and no justification for ongoing use of an agent with long-term side effect potential, this request for Colace is not medically necessary at this time.

Senokot 8.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioid-induced constipation treatment and Other Medical Treatment Guidelines Medscape.com: Senna (<http://reference.medscape.com/drug/senokot-exlax-regular-strength-senna-342030#0>).

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin

with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Senna is a stimulant laxative used for constipation. It is indicated for short-term use, up to 1 week. Stimulant laxatives can lead to dependence electrolyte abnormalities, and should not be used chronically, if possible. In the case of this worker, a note from a few months prior disclosed the worker using Norco "sparingly." The provider was prescribing miralax, colace, and senna for supposed constipation, however, there was insufficient reporting found in the notes to update if the worker still has constipation, how severe it was, and how often these medications were used. This information is required in order to help justify the use of any agent to be used regularly for constipation related to opioid use. Also, there was no explanation as to why multiple agents for constipation were being prescribed. Also, there was no report found which discussed efforts of the worker at using first-line methods to help relieve constipation (diet, water, etc.). Therefore, due to evidence suggestive of infrequent use of opioids, no current report of constipation, and no justification for ongoing use of an agent with long-term side effect potential, this request for Senokot is not medically necessary at this time.