

Case Number:	CM15-0215587		
Date Assigned:	11/05/2015	Date of Injury:	02/09/2004
Decision Date:	12/28/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/02/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 63 year old male sustained an industrial injury on 2-9-2004. The injured worker was being treated for pain in joint-lower leg, status post left total knee arthroplasty. The injured worker (7-6-2015, 8-3-2015, and 9-14-2015) reported chronic left knee pain and constipation. He reported the intermittent use of over the counter Miralax for constipation. He reported (9-14-2015) the intermittent use of Senokot for constipation. The injured worker's pain (7-6-2015) was rated 7-8 out of 10 and 4 out of 10 with medications. He reported being able to walk and continue his home exercise program with less pain. The injured worker's pain (8-3-2015 and 9-14-2015) was rated 7-8 out of 10 and 5 out of 10 with medications. He reported being able to walk, exercise, self-hygiene and light cleaning better with less pain with the use of his meds. The physical exam (7-6-2015 and 8-3-2015) revealed an antalgic gait and left knee swelling. There was no documentation of a gastrointestinal assessment on the physical exam. The physical exam (9-14-2015) revealed an antalgic gait, use of a single point cane for ambulation, left knee swelling, tenderness to palpation over the medial and anterior knee joint, and 40% decreased left knee range of motion. There was no documentation of a gastrointestinal assessment on the physical exam. Per the treating physician (8-3-2015 report), the urine drug screen from 4-14-2015 was positive for oxycodone and Controlled Substance Utilization Review and Evaluation System (CURES) report (8-3-2015) was consistent. The urine drug study (8-3-2015) indicated a positive result for opiates. Surgery to date included a left knee partial medial meniscectomy and debridement of anterior cruciate ligament in 2004, a left knee anterior cruciate ligament reconstruction in 2005, and left knee manipulation under anesthesia in 2012, right total knee

arthroplasty in 2012 and revision of left knee replacement on 1-30-2015. Treatment to date includes physical therapy, a home exercise program, a cane, and medications including pain (Oxycontin since at least 8-2015) and stimulant laxative (Senokot-S since at least 1-2015). Per the treating physician (8-20-2015 report), the injured worker's work status includes a period of TTD following a right total knee arthroplasty on 1-30-2015. The requested treatments included Senokot 8.6-50mg and Oxycontin 15mg. On 10-1-2015, the original utilization review non-certified requests for Senokot 8.6-50mg and Oxycontin 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot 8.6-50mg #60: Upheld

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

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 (Chronic), Opioid-induced constipation treatment and Other Medical Treatment Guidelines UpToDate.com, senna.

Decision rationale: Senokot is a laxative. This patient is undergoing treatment with Norco, which is an opioid. The length of time this patient has been on Norco is unknown. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "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." Up-to-date states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives." The treating physician does not document any attempts at first line therapy and does not document the results of the first line therapy. As such, the request not medically necessary at this time.

Oxycontin 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation:

dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid in excess of the recommended 2-week limit. As such, the request for Oxycontin is not medically necessary.