

<b>Case Number:</b>	CM15-0044746		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	04/04/2006
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on 04/04/2006. She reported back stiffness. The injured worker is currently diagnosed as having lumbar disc disease status post lumbar spine surgery, chronic pain, and chronic constipation with bleeding internal hemorrhoids. Treatment to date has included lumbar spine fusion, physical therapy, and medications. In a progress note dated 01/14/2015, the injured worker presented with complaints of chronic constipation since her lumbar spine surgery and has had finding of hemorrhoids on her colonoscopic studies. The treating physician reported recommending Anusol HC suppositories on an as needed basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anusol HC suppositories 25 mg Qty 20 with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/anusol-hc.html>.

**Decision rationale:** Pursuant to drugs.com, Anusol HC suppositories #20 with two refills are not medically necessary. The topical corticosteroids constitute a class of primarily synthetic steroids used as anti-inflammatory and antipruritic agents. Anusol-HC 2.5% (Hydrocortisone Cream, USP) is a topical corticosteroid with hydrocortisone 2.5% (active ingredient) in a water-washable cream. In this case, the injured worker's working diagnoses are status post lumbar spine surgery; chronic constipation and hemorrhoids; hypertension, diabetes and hyperlipidemia. There is a single progress note dated February 11, 2015 from an internal medicine physician. In the subjective section, the treating physician indicates the injured worker is taking Percocet and Dilaudid for low back pain and postsurgical pain, respectively. The injured worker is not taking any stool softeners. The injured worker then states "his previous gastroenterologist used to prescribe suppositories which would help with his rectal bleeding." There is no history provided as to whether the hemorrhoids predate the date of injury. The documentation states the injured worker was under the care of a prior gastroenterologist. Hemorrhoids develop over a long period of time (years) and medical records from prior treating physician should be obtained. There is no causal relationship established between the work injuries from 2006 to the present hemorrhoids. Consequently, absent clinical documentation establishing a causal relationship of the hemorrhoid discomfort to the work injury, Anusol HS suppositories #20 with two refills are not medically necessary.

**Docusate 250 mg Qty 60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/colace.html>.

**Decision rationale:** Pursuant to drugs.com, Docusate 250 mg #60 with two refills is not medically necessary. Docusate (Colace) is used to relieve occasional constipation and prevent dry, hard stools. Colace is a stool softener. In this case, the injured worker's working diagnoses are status post lumbar surgery; chronic constipation and hemorrhoids; hypertension, diabetes and hyperlipidemia. There is a single progress note dated February 11, 2015 from an internal medicine physician. In the subjective section, the treating physician indicates the injured worker is taking Percocet and Dilaudid for low back pain and postsurgical pain, respectively. The injured worker is not taking any stool softeners. The injured worker is taking Percocet and Dilaudid, both of which may cause constipation. Colace is not an unreasonable first line choice to prevent opiate induced constipation. However, two refills are not clinically indicated. When starting a new medication a 4-week follow-up is appropriate to determine whether there is objective functional improvement. Consequently, absent compelling clinical documentation for treatment of constipation, Docusate 250 mg #60 with two refills is not medically necessary.