

Case Number:	CM15-0054895		
Date Assigned:	03/30/2015	Date of Injury:	07/18/2006
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 7/18/2006. The mechanism of injury was not provided for review. The injured worker was diagnosed as having opioid dependence, status post lumbar discectomy and fusion and spinal cord stimulator implant. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, epidural steroid injection, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 2/25/2015, the injured worker complains of pain in the neck, right shoulder and low back and constipation. The treating physician is requesting Senna and Lactulose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna, 1-4 tablets every day, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lactulose and Senna in constipation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with chronic neck, right shoulder and low back pain as well as constipation. The current request is for Senna, 1-4 tablets every day, #120. The treating physician states on 2/25/15 (77B) that the patient has been using suboxone 4/1mg bid but is experiencing constipation. She is using senokot 4-5 tabs a day but still has difficulty going every 3 days. She notes that the straining is causing her low back to hurt more. We will give her a trial of lactulose 10/15ml to help with constipation. I also reminded her today of the dietary changes she can make such as increasing her fiber and water intake. The physician recommends to the patient to add lactulose for constipation along with senokot. MTUS states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." The patient's constipation is the adverse side effect induced by the long-term use of suboxone. In this case, the treating physician has clearly documented the patient's ongoing struggle with constipation, the trial of several OTC remedies, as well as continuous counseling on diet change and increased water intake. The current request is medically necessary and the recommendation is for authorization.

Lactulose 10gm/15ml, 15ml every night at bedtime, #1500cc: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lactulose and Senna in constipation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: The patient presents with chronic neck, right shoulder and low back pain as well as constipation. The current request is for Lactulose 10gm/15ml, 15ml every night at bedtime, #1500cc. The treating physician states on 2/25/15 (77B) that the patient has been using suboxone 4/1mg bid but is experiencing constipation. She is using senokot 4-5 tabs a day but still has difficulty going every 3 days. She notes that the straining is causing her low back to hurt more. We will give her a trial of lactulose 10/15ml to help with constipation. I also reminded her today of the dietary changes she can make such as increasing her fiber and water intake. The physician recommends to the patient to add lactulose for constipation along with senokot. MTUS states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." The patient's constipation is the adverse side effect induced by the long-term use of suboxone. In this case, the treating physician has clearly documented the patient's ongoing struggle with constipation, the trial of several OTC remedies, as well as continuous counseling on diet change and increased water intake. The current request is medically necessary and the recommendation is for authorization

