

Case Number:	CM14-0097971		
Date Assigned:	07/28/2014	Date of Injury:	11/25/2012
Decision Date:	09/19/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/26/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 53 year old male who was injured on 11/25/2012 after falling down from a counter and falling onto his left foot. He was diagnosed with a left ankle fracture (treated with surgery shortly afterwards), dysesthesia of peroneal nerve, intractable pain, GERD, abdominal pain, intermittent constipation and diarrhea, hemorrhoids, sleep disorder secondary to pain and stress, and weight gain. For his injury, was treated with oral medication (including opioids) and physical therapy. For his GERD, he was treated with various proton pump inhibitors, including lansoprazole, pantoprazole, and dexlansoprazole. For his constipation, he was treated with Colace and probiotics. During an initial workup for his abdominal complaints and blood in his stool, a colonoscopy revealed hemorrhoids. No upper endoscopy was reported to having been completed. On 5/20/14, the worker was seen by his internal medicine physician for his "gastrointestinal complaints" (about 1 year after the previous workup). He reported having "upset stomach" and heartburn about one month after his injury as well as constipation and diarrhea. He also reported that he was prescribed ibuprofen initially for several months but was not taking any NSAIDs at the time. Proton pump inhibitors and docusate has helped his symptoms somewhat, but still experienced heartburn (2-3 times per week) and intermittent constipation (twice a week) and diarrhea (once a week). Physical examination revealed tenderness to the epigastric region, but with a soft nondistended abdomen. He was thought to have gastritis from NSAID use and chronic constipation from opioid use or possible irritable bowel syndrome. He was then asked to stop his lansoprazole and start pantoprazole 40 mg twice daily, get an upper endoscopy study, eat a low-acid diet, avoid NSAIDs, increase his fiber intake, and increase his docusate to 100 mg 2 caps twice daily. If the docusate didn't help, he would consider adding Miralax and Amitiza would then be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40mg, #80, one to two a day before meals.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he is not using any NSAIDs. It is unclear as to why he is experiencing GERD. Until there is a clear connection between his symptoms and his injury the pantoprazole is not medically necessary.

Docusate 100mg, up to two capsules twice a day, #60.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-induced constipation treatment.

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. In the case of this worker, he was recommended on 5/20/14 to change his diet to be higher in fiber, but was also recommended other therapies including Miralax, which is an over the counter laxative. A higher dose of colace was also recommended at the same time. Colace is a surfactant laxative and stool softener used for constipation, is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. Amitiza, although effective for opioid-induced constipation, is still not considered first-line therapy for constipation and would only be warranted if all other first-line treatment strategies were implemented and the patient was still constipated. Considering all these requests to treat the worker's constipation were made at the same time, rather than trying them one at a time (diet and exercise first), they

all (Miralax, Colace, Amitiza) are not medically necessary until a full report on first-line therapy for constipation has been attempted fully.

Miralax 17 grams # one bottle.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-induced constipation treatment.

Decision rationale: See #2 for rationale and reference. 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. In the case of this worker, he was recommended on 5/20/14 to change his diet to be higher in fiber, but was also recommended other therapies including Miralax, which is an over the counter laxative. A higher dose of colace was also recommended at the same time. Colace is a surfactant laxative and stool softener used for constipation, is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. Amitiza, although effective for opioid-induced constipation, is still not considered first-line therapy for constipation and would only be warranted if all other first-line treatment strategies were implemented and the patient was still constipated. Considering all these requests to treat the worker's constipation were made at the same time, rather than trying them one at a time (diet and exercise first), they all (Miralax, Colace, Amitiza) are not medically necessary until a full report on first-line therapy for constipation has been attempted fully.

Trial of Amitiza.:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-induced constipation treatment.

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. In the case of this worker, he was recommended on 5/20/14 to change his diet to be higher in fiber, but was also recommended other therapies including Miralax, which is an over the counter laxative. A higher dose of colace was also recommended at the same time. Colace is a surfactant laxative and stool softener used for constipation, is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. Amitiza, although effective for opioid-induced constipation, is still not considered first-line therapy for constipation and would only be warranted if all other first-line treatment strategies were implemented and the patient was still constipated. Considering all these requests to treat the worker's constipation were made at the same time, rather than trying them one at a time (diet and exercise first), they all (Miralax, Colace, Amitiza) are not medically necessary until a full report on first-line therapy for constipation has been attempted fully.