

<b>Case Number:</b>	CM14-0108268		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/11/2007
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55-year-old male who sustained an industrial injury on 6/11/2007. His diagnoses, and/or impressions, include cervical and lumbar disc degeneration; lumbosacral spondylosis; post-concussion syndrome with headaches and dizziness; chronic pain; long-term use of medications and therapeutic drug monitor. Current magnetic resonance imaging studies are not noted. His treatments have included physical therapy; chiropractic treatments; effective therapy sessions that have helped manage his stress and pain; electromyogram of the bilateral lower extremities; lumbar epidural steroid injection therapy - with good, temporary relief; and medication management. The progress notes of 5/9/2015, shows continued radiating low back pain with numbness and tingling into both legs; as well as new symptoms in the right lower extremity. Noted is there is no surgery for his chronic mechanical back pain for which core strengthening was recommended, versus his being a candidate for, and considering, bilateral lumbar foraminotomy. The physician's requests for treatments included Colace and cognitive behavioral therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #120 x 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment and Other Medical Treatment Guidelines UpToDate.com, docusate and senna.

**Decision rationale:** Docusate and sennoside are stool softeners and laxatives, respectively. 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." Uptodate 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 (e.g., 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 did not report how compliant the patient was to the first line constipation treatment and did not indicate if fiber treatment was initiated. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. As such, the request for Colace 100mg #120 x 5 refills is not medically indicated at this time.

**12 cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT).

**Decision rationale:** MTUS Pain guidelines and ODG refer to Cognitive Behavioral Psychotherapy as, "Recommended for appropriately identified patients during treatment for chronic pain." MTUS details that, "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that, "Initial therapy for these 'at risk' patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT

alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." This patient has already attended 18 sessions of CBT; the requested number of sessions would be in excess of guideline recommendations. The treating physician has not provided a medical rationale as to why an exception to guidelines should be granted. As such, the request for 12 cognitive behavioral therapy sessions is not medically necessary.