

<b>Case Number:</b>	CM14-0216105		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old female sustained a work related injury on 4/11/2008. The mechanism of injury was reported to be injury from tripping on a pallet and falling. The current diagnoses are left-sided neck pain with radiating symptoms to the left arm, left shoulder pain, left-sided low back pain with radiating symptoms to the left leg posteriorly, and status post laminectomy (1996) from motor vehicle accident. According to the progress report dated 11/18/2014, the injured workers chief complaints were neck pain. She reports that with medication she is able to bring her pain down to a 3/10. The physical examination was not documented. Current medications are Norco, Colace, Duragesic patch, Celexa, lactulose, and Relafen. According to the Utilization Review, the injured worker was previously treated with medications, TENS unit, trigger point injections, and acupuncture. On this date, the treating physician prescribed Docuprene and Lactulose, which is now under review. The medications were prescribed specifically for prophylactic treatment of constipation secondary to opioid therapy. MRI of the cervical spine (2008) shows a central disk protrusion at C4-5, C5-6 that flattens the ventral aspect of the cord and a central disk protrusion at C6-7. When Docuprene and Lactulose were prescribed work status was part-time. On 12/9/2014, Utilization Review had non-certified a prescription for Docuprene and Lactulose. The Docuprene and Lactulose were non-certified based on no documentation of constipation or that the provider is just now initiating opioid therapy. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Docuprene, QTY: 120: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** Regarding the request for docuprene, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, it appears that the patient is starting on a stool regimen due to the opiate pain medication being prescribed. Guidelines do support the prophylactic use of a bowel regimen to reduce the chance of opiate induced constipation. As such, the currently requested docuprene is medically necessary.

**Pharmacy purchase of one (1) bottle of Lactulose: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** Regarding the request for Lactulose, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, it appears that the patient is starting on a stool regimen due to the opiate pain medication being prescribed. Guidelines do support the prophylactic use of a bowel regimen to reduce the chance of opiate induced constipation. As such, the currently requested Lactulose is medically necessary.