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| <b>Case Number:</b>   | CM15-0016695 |                              |            |
| <b>Date Assigned:</b> | 02/05/2015   | <b>Date of Injury:</b>       | 11/14/2001 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 01/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/29/2015 |

### 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: Florida, New York, Pennsylvania  
Certification(s)/Specialty: Family Practice

### 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 39 year old female, who sustained a work related injury on 11/14/01. The diagnoses have included left knee surgery, failed intrathecal pump trial, failed spinal cord stimulator trial, complex regional pain syndrome in left knee and long term opioid medication use. Treatments to date have included bilateral cervical and lumbar sympathetic blocks, oral medications which includes opioid medications, failed spinal cord stimulator trial and failed intrathecal pump trial. In the PR-2 dated 12/19/14, the injured worker complains of left leg and knee pain. She describes her pain as moderate to severe. She rates her pain on average of 7/10. Her pain gets better with medications and rest and activity makes pain worse. Her left knee is contractured and does not function well. On 1/6/15, Utilization Review non-certified a prescription request for Colace 250mg., #120. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 250mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioid induced constipation treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2 Opioids Page(s): pg 77, 79, 92. Decision based on Non-MTUS Citation Management of Chronic Constipation, Arnold Wald, www.UpToDate.com . Last updated 12Mar15, accessed 20Mar15

**Decision rationale:** Opioids are second line agents for management of pain and should be used in the lowest effective dose for the shortest time possible. Continued use should be predicated on an overall improvement in function and otherwise discontinued unless there are extenuating circumstances. Side effects of opioids are well known with constipation being exceptionally common. Even the use of codeine is associated with at least a 10% incidence of constipation. The recommendation is that with the initiation of opioid use that there be concomitant initiation of the use of prophylactic laxatives. The MTUS does not explicitly comment on Colace. Other sources on the initial management of chronic constipation have suggested the following approach: include patient education, necessary dietary changes, the use and selection of bulk-forming laxatives and/or the use of non-bulk-forming laxatives or enemas. The initial choice in management in this situation was the agent Colace. Per these recommendations there is little evidence to support the use of surfactant agents (Colace). Although they have few side effects they have been found to be less effective than other laxatives. After the initial discussion of fluid intake, activity, selection of both food (prunes) and non-food agents (bulk forming laxatives) the next most promising agents with the least likelihood of developing dependence on them for continued normalized bowel function would include the osmotic agents such as Miralax as well as a synthetic disaccharide such as lactulose. Ideally the member should be guided in decreasing or eliminating the use of narcotics since there has been no evidence for improved function and the selection of Colace as the first agent could not be supported. The UR Non-Certification for Colace is supported.