

<b>Case Number:</b>	CM15-0126036		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 66 year old female, who sustained an industrial injury on January 24, 2003. The mechanism of injury was not found in the medical records. The injured worker has been treated for neck, right shoulder, low back and left knee complaints. The diagnoses have included lumbar spine sprain, bilateral sciatica, cervical spine sprain with left upper extremity radiculopathy, status post right shoulder greater tuberosity fracture, mixed anxiety-depressive disorder, left knee pain, lumbar radiculopathy, gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs and constipation secondary to medications. Treatment and evaluation to date has included medications, radiological studies, MRI, psychiatric consultation, injections, cognitive behavior group therapy, biofeedback sessions, left total knee replacement and several post knee replacement surgeries. Work status was noted to be temporarily totally disabled. Current documentation dated March 19, 2015 notes that the injured worker reported taking Norco for pain control. The injured worker also noted constipation. The documentation was handwritten and difficult to decipher. Documentation dated April 28, 2015 notes that the injured worker noted abdominal pain and symptoms of gastroesophageal reflux disease related to medications. The treating physician's plan of care included a request for the medications Prilosec 20 mg # 60, Colace 250 mg # 30 and MiraLax 17 grams, 1 bottle with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, proton pump inhibitors.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend that the use of non-steroidal anti-inflammatory drugs be weighed against both gastrointestinal (GI) and cardiovascular risk factors. It should also be determine if the patient is at risk for gastrointestinal events. The MTUS guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor (PPI) or a Cox-2 selective agent. Long-term PPI medication use greater than one year has been shown to increase the risk of hip fracture. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. In this case the injured worker was noted to be receiving Prilosec for a prolonged period of time, since June of 2012. There is lack of documentation of prior use of over-the-counter medications and their effectiveness. There is lack of documentation that the injured worker was at risk for a gastrointestinal event. The request for Prilosec is not medically necessary.

**Colace 250 mg, thirty count:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends prophylactic treatment of constipation when opioid therapy is implemented. The Official Disability Guidelines state that opioid-induced constipation is a common adverse effect of long-term opioid use. When prescribing an opioid and especially if it will be needed for more than a few days, there should be discussion regarding constipation and the first steps to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, 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. If the first line treatments do not work, there are second-line options that include medications which work on opioid related constipation. In this case, there is lack of documentation as to whether a first-line treatment had been implemented and whether over-the counter medications were tried and failed. The request for Colace is not medically necessary.

**Miralax 17 grams with 8 oz water one bottle, with two refills each:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, opioid-induced constipation treatment.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address MiraLax. The Official Disability Guidelines were referenced. The Official Disability Guidelines state that opioid-induced constipation is a common adverse effect of long-term opioid use. When prescribing an opioid and especially if it will be needed for more than a few days, there should be discussion regarding constipation and the first steps to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, 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. If the first line treatments do not work, there are second-line options that include medications which work on opioid related constipation. In this case, there is lack of documentation as to whether a first-line treatment had been implemented and whether over-the counter medications were tried and failed. The request for MiraLax is not medically necessary.