

<b>Case Number:</b>	CM15-0068638		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Massachusetts

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:

The injured worker is a 52-year-old female, who sustained an industrial injury on 9/15/10. She reported left knee pain. The injured worker was diagnosed as having complex regional pain syndrome, chronic intractable pain, and chronic left foot osteomyelitis. Treatment to date has included hyperbaric treatment for healing of the left foot wound and a spinal cord stimulator. Other treatment included medications including Lyrica, Methadone, and Lorazepam. Currently, the injured worker complains of lower extremity, ankle, and foot pain. The treating physician requested authorization for Dulcolax 10mg #30 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dulcolax 10mg #30 with 5 refills:** 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.

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

**Decision rationale:** The claimant sustained a work-related injury in September 2010 and continues to be treated for left lower extremity pain including a diagnosis is CRPS. Medications include methadone being prescribed on a long-term basis. The treating provider documents delayed gastric emptying due to opioid medication and the claimant endorses ongoing constipation. Guidelines recommend treatment due to opioid-induced constipation, which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant has ongoing gastrointestinal problems including constipation likely related to her opioid medication. Medications also in Senokot. Therefore, Dulcolax was medically necessary. However, the number of refills is excessive. The claimant's response to a one-month trial of medication use would be appropriate. Therefore, the amount being prescribed and the request are not medically necessary.