

<b>Case Number:</b>	CM15-0093224		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: 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 65 year old male with an industrial injury dated 5/16/2008. The injured worker's diagnoses include thoracic pain and low back pain. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 4/15/2015, the injured worker reported right shoulder pain. The injured worker rated pain a 2/10 with medications and a 7/10 without medications. Objective findings revealed left sided antalgic gait, restricted lumbar range of motion, bilateral lumbar facet loading, and decrease ankle jerk and patellar jerk. Treatment plan consisted of continuing with current pain medication regimen. The treating physician prescribed Oxycontin 60mg, #90 and Docusate Sodium 250mg, #60, 3 refills now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 60mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical documentation provided indicate this patient's estimated MED is 675, which is far in excess of guideline recommendations of 120 MED per day. As such the request for Oxycontin 60mg, #90 is not medically necessary.

**Docusate Sodium 250mg, #60, 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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. This patient is undergoing treatment with methadone, which is an opioid. 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 (eg, 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 fully document that they encouraged the patient drink 8 tall glasses of water daily and exercise as tolerated and consume a high fiber diet. 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 Docusate Sodium 250mg, #60, 3 refills is not medically indicated at this time.