

Case Number:	CM13-0038018		
Date Assigned:	12/18/2013	Date of Injury:	01/05/2011
Decision Date:	03/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has date of injury on 1/5/2011. Mechanism of injury not provided. Pt has a diagnosis of cervical pain, cervical radiculopathy, cervical disc disorder and shoulder pain from impingement syndrome from ganglion as well as supraspinatus and infraspinatus cuff tears. Multiple reports reviewed from primary treating physician. Report available until 11/22/13. Pt complains of lower back pain and bilateral upper extremity pain; unchanging chronic pains. Poor sleep from pain. Medications work well with no reported side effects. Review of symptoms is positive for constipation. Objective exam reveals restricted neck movement with flexion limited to 40degrees and extension to 20degrees due to pain. Positive Spurling on right and tenderness along cervical spine and trapezius. Right shoulder has restricted range of motion is all movement. Positive Hawkin's, Neer, Empty Cans, Speeds test, tenderness noted on acromioclavicular joint, biceps groove, glenohumeral joint, greater tubercle of humerus. Neuro exam is normal except for decreased reflexes of right arm. EMG on 7/30/12 shows abnormal study with evidence of bilateral carpal tunnel syndrome affecting sensory and motor components. MRI of C-Spine (10/7/11) reveals significant canal narrowing from short pedicles, multilevel disc protrusions with spinal canal stenosis along with bilateral foramina stenosis. MRI of right shoulder (10/7/11) reveals longitudinal tear through full craniocaudal dimension of posterior labrum, ganglion, supraspinatus and infraspinatus tendinosis along with 2mm ant margin tear of supraspinatus. MRI of left shoulder at the same time show mild tendinopathy and changed. Current medication list from 11/22/13: Nucynta, decussate sodium, Neurontin and Prilosec. Review is for prescription for Docusate Sodium 250mg #180. Prior utilization review on 10/14/13 recommended non certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 250mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Docusate sodium is a stool softener used to prevent or treat constipation. As per MTUS Chronic Pain guidelines, an anti-constipation medication should be used prophylactically in patient's chronically on opioids. Patient is chronically on Nucynta, an opioid. Pt also has documented constipation although there are no details as to severity documented. The prescription for docusate sodium is medical recommended.