

Case Number:	CM13-0049144		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2002
Decision Date:	06/04/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Anesthesiology 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 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/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 is a 59 year old male who sustained an injury on 02/25/02 while unloading water heaters out of a truck. The patient reported feeling a pop in the low back and symptoms in the right shoulder. The patient had prior right shoulder arthroscopic rotator cuff repair in 2003. The patient also had hernia repair in unspecified date. The patient received multiple epidural steroid injections to address low back and lower extremities symptoms. The patient was continued to have chronic low back pain radiating to the lower extremities for which he was being provided medications for pain including oxymorphone 40mg twice daily and oxycodone 30mg for breakthrough pain. The patient also utilized Fentora 400mcg for severe breakthrough pain. The clinical record on 10/28/13 also noted the use of Klonopin for anxiety and Lunesta for sleep. The patient continued with Cymbalta for chronic pain and depression symptoms. Baclofen had been discontinued. The patient was noted to utilize Promolaxin as a stool softener for constipation prophylaxis. The patient was stable with current medication regimen. The most recent evaluation on 12/03/13 continued to remain active and functional despite a recent injury to the knee partly due to the current medication regimen. The patient was recommended to continue with these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROMOLAXIN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Physician's Desk Reference.

Decision rationale: This medication is a stool softener that is routinely used in the prophylactic treatment of constipation for patients utilizing chronic narcotic medications. In this case, the patient was utilizing multiple narcotic medications and had been doing so for an extended period of time. Given the significantly increased risk factors for constipation in this patient due to a substantial amount of narcotics use over extended period of time, the use of Promolaxin as a stool softener prophylactic for constipation would be considered medically necessary.