MAXIMUS Federal Services

Case Number:	CM13-0052150		
Date Assigned:	05/21/2014	Date of Injury:	06/02/1997
Decision Date:	08/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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, has a subspecialty in Pain Management 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:

This 54 year old patient had a date of injury on 6/2/1997. The mechanism of injury was he sustained an injury to the cervical spine, upper back muscles, and shoulder. On a physical exam note dated 9/25/2013, the patient complained of back stiffness, numbness, and tingling in the right and left arm, radicular pain in right and left arm. Pain was described as a 6/10 on scale of 1-10 with 10 being the worst. The claimant is status post cervical fusion and was noted to hold his neck in a fixed position. Diagnostic impression: severe degenerative disc disease at the L2-L3 level with intervertebral disc protrusion at L3-L4, L4-L5, and L5-S1 levels with moderate central spinal stenosis at the L4-L5 level.Treatment to date: medication management, behavioral modification, surgeryA UR decision on October 4, 2013 denied the request for DSS sodium mg #60 as a stool softener for pain medication usage as an outpatient refill x3 between 10/3/2013 and 11/17/2013. The rationale provided was that DSS sodium is a medication unknown the reviewer, and could not be located using the 2013 Edition of the Physician's Desk Reference or online, including Epocrates.

IMR ISSUES, DECISIONS AND RATIONALES

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

(DSS) Dextran Sulfate Sodium 250mg #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman s' The Pharmacological

Basis of Therapeutics, 11th ed. McGraw Hill, 2006, Physician's Desk Reference, 65th ed. and ODG Workers Compensation Drug Formulary (www.odg-twc.com/odgtwc/formulary.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment (http://www.medscape.com/viewarticle/427442_5).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. The article Management of Opioid-Induced Gastrointestinal Effects: Treatment states that constipation is the most frequent side effect associated with long-term opioid therapy. Docusate is the stool softener most widely used in palliative care. It acts to increase secretions in the gastrointestinal tract, as well as absorption of these secretions by hard stool. On a progress note dated 10/2/2013, the patient is documented to be on Fentanyl 25mcg/hr. 1 patch each 2 days. In fact, Fentanyl usage for this patient dates as far back as 3/18/2013. Therefore, the request for (DSS) Dextran Sulfate Sodium 250mg #60 with 3 refills is medically necessary and appropriate.