

Case Number:	CM13-0054888		
Date Assigned:	12/30/2013	Date of Injury:	10/20/1999
Decision Date:	03/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 pain management, has a subspecialty in interventional spine 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 is a 50-year-old male with date of injury on 10/20/1999. The progress report dated 10/22/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) cervical stenosis at C5-C6 and C6-C7, (2) right lumbar radiculopathy, (3) status post bilateral carpal tunnel release, (4) status post bilateral ulnar nerve release, (5) status post left shoulder surgery, (6) severe GI pathology including rectal bleeding, followed by [REDACTED]. The patient continues with bilateral shoulder, neck, and low back pain, rated between a 6/10 and 7/10. Physical exam findings include mild tenderness with palpation in the cervical paraspinal muscles bilaterally. Pain is reproduced with facet loading of the cervical spine bilaterally. There is decreased range of motion of the cervical spine and lumbar spine. The patient is continued on tramadol ER 1 per day for pain. The patient was taking senna for constipation and it appears the treating physician had changed this to Docuprene 100 mg twice a day. Utilization review letter dated 11/07/2013 issued no certification of Docuprene 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Docuprene 100 mg #60: Overturned

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 Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The patient continues with a 6/10 to 7/10 pain in the bilateral shoulders, neck, and low back. The patient is continued on tramadol for pain relief and has been using senna for constipation, and is now being switched to Docuprene 100-mg tablets #60. MTUS Guidelines page 77 for initiating a trial of opioids states that "prophylactic treatment of constipation should be initiated." The patient continues to be on tramadol, which is a synthetic opioid, and appears to benefit from stool softeners in the past for constipation. Therefore, authorization is recommended.