

Case Number:	CM13-0064824		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2004
Decision Date:	03/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Medicine, and is licensed to practice in Utah. 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 61 year old male. The patient's date of injury is May 4, 2004. The mechanism of injury is unclear. The patient reports pain with cervical and lumbar range of motion. He has been diagnosed with cervical and lumbar radiculopathy status post lumbar discectomy, chronic pain syndrome, anxiety reaction and bilateral carpal tunnel syndrome. Medications include, but are not limited to, Oxycodone. It is unclear when this medication was started, but it was modified on 10/31/13 in an attempt to wean. The request is for Prospective request for 1 prescription of Docusate sodium 100mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Docusate sodium 100mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (LA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct., page 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prospective request for 1 prescription of Docusate sodium 100mg, #60. MTUS guidelines state the following: Opioids, criteria for use. CRITERIA FOR USE OF OPIOIDS. 3) Initiating Therapy. (d) Prophylactic treatment of constipation should be initiated. According to the clinical documentation provided and current MTUS guidelines; prophylactic treatment of constipation should be initiated. It does not state that symptoms should be present before starting prophylactic treatment. There is no specific medication listed in the guidelines. Prospective request for 1 prescription of Docusate sodium 100mg, #60 is indicated a medical necessity to the patient at this time.