

Case Number:	CM14-0000137		
Date Assigned:	01/10/2014	Date of Injury:	04/11/2007
Decision Date:	06/05/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 43 year old male who reported an injury on April 11, 2007 secondary to a motor vehicle accident. He was evaluated on August 20, 2013 and reported 8/10 persistent low back pain radiating to the right lower extremity with tingling and numbness. He also reported that the combination of medications at that time was "helping for pain." On physical exam, the injured worker was noted to have spasms in the lumbar paraspinal muscles as well as dysesthesia to light touch in the right L5 dermatome. He was diagnosed with sciatica and lumbar and sacral osteoarthritis. Medications at the time of the evaluation were noted to include carisoprodol, docusate sodium, hydrocodone, methadone, omeprazole, trazadone, and Medrox cream. A urine drug screen on November 14, 2013 was consistent with the use of hydrocodone and methadone, and previous clinical notes indicated that the injured worker has used those opioids since at least May 15, 2013. A request was submitted on December 12, 2013 for docusate sodium 250mg (Colace) tablet 1 tab by mouth 4 times a day #90 with a total of 5 refills. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOCUSATE SODIUM 250 MG (COLACE) TABLET 1 TAB BY MOUTH 4 TIMES A DAY #90 -- TOTAL OF 5 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature Published By Drug Manufacturer: Robers Pharmaceutical (2004) Colace Oral, Colace, Dialose, Dss, Surfak (Docusate Sodium).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation with concurrent use of opioids. The injured worker has used hydrocodone and methadone since at least May 15, 2013, and appropriate medication use is evidenced by documentation of urine drug screens. The request for docusate sodium 250 mg (Colace), one tablet by mouth four times daily, ninety count with five refills, is medically necessary and appropriate.