

Case Number:	CM14-0015694		
Date Assigned:	03/03/2014	Date of Injury:	11/23/1992
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiologist 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 53-year-old male who reported injury on 11/23/1992. The mechanism of injury was not provided. The documentation of 11/11/2013 revealed the injured worker was taking methadone 10 mg twice a day, OxyContin 30 mg 3 times a day, Lyrica 150 mg 3 times a day, Cymbalta 60 mg once a day, and Docuprene up 4 times a day for opioid induced constipation. The injured worker indicated that without the medications he would be unable to get out of bed or do any daily functioning. The diagnosis included chronic pain and chronic high dose opiate use. The treatment plan included an SI joint injection and Percocet 10/325 mg #210 to use up to 7 times a day as a decrease in medication use. The injured worker was previously on OxyContin which was discontinued. The additional treatment plan included methadone 10 mg #60 twice a day for pain, Lyrica 150 mg #90 three times a day for neuropathic symptoms, and Cymbalta 60 mg #30 once a day for chronic pain as well as Docuprene #120 to use up to 4 times a day for opioid-induced constipation. The risks, alternatives, and side effects were discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOCUPRENE (DOCUSATE SODIUM) 100MG TABLET #120: Upheld

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 Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend when initiating opioid therapy there should be prophylactic treatment of constipation initiated. The clinical documentation submitted for review indicated the injured worker was utilizing Docuprene 4 times a day. However, there was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established through the supplied documentation. Given the above, the request for Docuprene (docusate sodium) 100 mg tablets #120 is not medically necessary.