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| <b>Case Number:</b>   | CM14-0017661 |                              |            |
| <b>Date Assigned:</b> | 04/16/2014   | <b>Date of Injury:</b>       | 09/15/2006 |
| <b>Decision Date:</b> | 06/02/2014   | <b>UR Denial Date:</b>       | 02/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2014 |

### 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Illinois. 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 45-year-old female who reported an injury on 09/15/2006. The injured worker's medication history included docuprene sodium, Cymbalta, Sumatriptan, pantoprazole, Flector, and Flexeril as of 10/2013. The documentation of 01/29/2014 revealed the injured worker had pain of an 8/10. The injured worker denied side effects and required medication refills. The mechanism of injury was not provided. The injured worker's diagnosis included pain in the joint shoulder, and neck pain. The treatment plan included Cymbalta, Prozac, Sumatriptan, Flexeril, and docuprene sodium with refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE PRESCRIPTION OF DOCUPRENE SODIUM 100MG #60 WITH 3 REFILLS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The California MTUS Guidelines indicate when initiating opioid therapy, there should be prophylactic treatment of constipation. The clinical documentation submitted for

review indicated the injured worker had been utilizing the medication for 3 months. There was lack of documentation of the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the medication. The clinical documentation failed to indicate a necessity for 3 refills. Given the above, the request for 1 prescription of docuprene sodium 100 mg #60 with 3 refills is not medically necessary.