

Case Number:	CM14-0018555		
Date Assigned:	04/18/2014	Date of Injury:	03/15/2012
Decision Date:	06/30/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in Interventional Pain, 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 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 patient is a 40-year-old male with a date of injury of 03/15/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar sprain/strain. 2. Left shoulder sprain/strain. 3. Cervical sprain/strain. 4. Myofascial pain with acute flare-up. 5. Reactionary sleep disturbance. 6. Elevated blood treatment. According to report dated 01/08/2014 by [REDACTED], the patient presents with low back pain. The pain is rated 7-8/10 in severity; and medication and aqua therapy have helps. Examination of the right shoulder revealed tenderness over the anterior glenohumeral joint and deltoid. Shoulder range of motion was decreased. Muscle strength for the right upper extremity is 4/5. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles. Range of motion is flexion 30, extension 30. Muscle strength 4/5. Medical records indicate the patient's medication regimen includes Dendracin, Cyclobenzaprine, ketoprofen, omeprazole, Vicodin, topiramate, and Lidoderm patches. Request is for Promolaxin 100 mg #60. Utilization review denied the request on 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROMOLAXIN 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mtus On Prophylactic Treatment Of Constipation And Opiates, Page(s): 77.

Decision rationale: This patient presents with low back and shoulder pain. Treater is requesting the stool softener, Promolaxin 100 mg, 2-month supply. In this case, medical records indicate this patient has been taking opiates, specifically Vicodin since at least 04/30/2013. The MTUS guidelines pg 76-78 discusses prophylactic medication for constipation when opiates are used. The requested Promolaxin is medically necessary and appropriate.