

<b>Case Number:</b>	CM14-0123703		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 and Rehabilitation 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 injured worker is a 57-year-old female who reported an injury on 04/17/2012. The mechanism of injury was not provided. On 07/02/2014, the injured worker presented with pain to upper, mid, and low back. The pain is worse at night and radiates to the buttocks and behind the knees. Current medications included Percocet, Cyclobenzaprine, Acetadryl, Docusate Sodium, Methoderm gel, and Seroquel. The diagnoses were lumbar sprain/strain, cervical sprain/strain, thoracic sprain/strain, post-traumatic stress disorder, and bipolar disorder. Upon examination, there was limited cervical and lumbar range of motion with tenderness to palpation over the cervical, thoracic, and lumbar paraspinal muscles and tenderness to palpation over the gluteal area and ileum bilaterally. There was pain with cervical and lumbar range of motion and the injured worker ambulated with a cane on the right side. The provider recommended docusate sodium 100 mg and Acetadryl 500/25 mg, the provider's rationale was not provided. The Request for Authorization Form was dated 07/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate Sodium 100mg #100:** 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 Opioids (Criteria for Use) Page(s): 77.

**Decision rationale:** The request for Docusate Sodium 100 mg with a quantity of 100 is not medically necessary. The California MTUS Guidelines would recommend prophylactic treatment for constipation secondary to narcotics. The guidelines note that the injured worker may continue to have constipation with continued use of narcotics and would support the use of Docusate Sodium. There are no signs and symptoms or diagnosis of constipation secondary to narcotics. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

**Acetadryl 500/25mg #50:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Insomnia.

**Decision rationale:** The request for Acetadryl 500/25 mg with a quantity of 50 is not medically necessary. The Official Disability Guidelines (ODG) state sedating antihistamines has been suggested for sleep aid, tolerance seems to diminish within days and next day sedation have been noted as well as impaired psychomotor and cognitive function. Sedating antihistamines has been shown to build tolerance against its sedation effectiveness fairly quickly. The provider's rationale was not provided. Additionally, there was no signs and symptoms related to the severity of insomnia. It was noted that the injured worker was having trouble with sleep onset, maintenance, quality of sleep, or diagnosis congruent with the guideline recommendation for Acetadryl. Additionally, the provided request did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.