

Case Number:	CM14-0124738		
Date Assigned:	08/08/2014	Date of Injury:	03/25/2009
Decision Date:	09/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	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 Occupational Medicine 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 42-year-old male who has submitted a claim for low back pain with disc herniations at L4-L5 and L5-S1, history of lumbar spine operative fixations, and lumbar radiculopathy associated with an industrial injury date of March 25, 2009. Medical records from 2014 were reviewed. The patient complained of persistent low back pain, rated 2-6/10 in severity. Physical examination showed weak plantar flexors and dorsiflexors on the left at 4/5 compared to the right which was 5/5. Sensation was intact. Waddell's sign was negative. CT scan of the lumbar spine dated June 26, 2012 revealed fusion from L4 to S1 with significant sacroiliac joint pathology. Official report of the imaging study was not available. Treatment to date has included Norco, Docuprene, Prilosec, Celexa, Robaxin, and anterior lumbar interbody fusion. Utilization review, dated July 22, 2014, denied the request for Docuprene #60 because the medical records did not establish that the patient has subjective complaints of constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docuprene #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts Pharmaceuticals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, the patient has been on Norco and Docuprene since at least January 2014. Although patient has no subjective complaint of constipation, prophylactic treatment is recommended as stated above. The medical necessity for docuprene has been established. However, the present request failed to specify the dosage. Therefore, the request for Docuprene #60 is not medically necessary.