

<b>Case Number:</b>	CM14-0144969		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; topical agents; epidural steroid injection therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated August 28, 2014, the claims administrator approved a request for Flexeril while denying a request for Colace. The applicant's attorney subsequently appealed. In an August 22, 2014 progress note, the applicant reported multifocal shoulder, wrist, elbow, low back, and hip pain, 6/10. The applicant stated that his pain was well controlled with medications. The attending provider stated that the applicant was working full time as a mechanic. The applicant was still smoking, it was acknowledged. The applicant's medication list included Flexeril, Colace, Prilosec, and Voltaren, it was stated in one section of the report. In another section of the report, the applicant was given prescriptions for Elavil, Lidoderm, Prilosec, Voltaren, Flexeril, and Colace. The applicant was reportedly asked to stop gabapentin and Norco, it was stated in yet another section of the report. It was stated in a third section of the report that the applicant was completely off of all opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Docusate 100mg #100 DOS 08/22/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, page 77, Initiation Therapy section. Page(s): 77.

**Decision rationale:** While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does support prophylactic provision of laxatives such as docusate in applicants who are using opioids, in this case, however, the applicant was not using opioids on or around the date of the request, August 22, 2014. The attending provider explicitly stated in several sections of that note that the applicant was completely off of all opioids on or around the date of service. It was not stated why docusate was being prescribed. It was further noted that the applicant did not appear to have actual symptoms of constipation on or around the date in question. Therefore, the request was not medically necessary.