MAXIMUS Federal Services

Case Number:	CM14-0152530		
Date Assigned:	09/22/2014	Date of Injury:	01/17/2002
Decision Date:	10/23/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/18/2014

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 53-year-old female who reported an injury on 01/17/2002 due to unspecified mechanism of injury. The injured worker complained of right knee pain. The injured worker had a diagnosis of osteoarthrosis, localized primary involving pelvic region and thigh. The prior diagnostics included an x-ray of the knees, dated 07/2013, indicating that the right knee had moderate osteoarthritis that predominated in the medial and patellofemoral compartments. The medication included acetaminophen/hydrocodone 10/325 mg, Clonazepam, Doc-Q-Lace, Gabapentin, and Naproxen. Prior treatments included physical therapy and medication. Past surgeries included a lower disc implanted in 2005, left knee meniscus repair in 2005, and left posterior approach total hip replacement on 11/15/2013. The review of systems, dated 08/12/2014, revealed weight gain, calf pain on exertion, weakness, numbness and tingling to arms and hernia. The injured worker had a history of some weight gain. The physical examination, dated 08/12/2014, revealed a well healed left hip incision, no pain to the hip with range of motion, right hip had extreme pain with flexion even at 75 degrees, the right knee had a large effusion, and there was patellofemoral crepitus as well as tenderness bilaterally on the medial and lateral joint line. Knee was stable, without varus or valgus stress. The plan included a refill for the docusate sodium. The Request for Authorization, dated 09/22/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100mg capsule #120, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-77.

Decision rationale: The request for Docusate Sodium 100mg capsule #120, 1 refill is not medically necessary. The California MTUS Guidelines indicate that prophylactic treatment of constipation should be initiated. The clinical notes did not indicate that the injured worker had constipation or was assessed for a history bowel abnormalities. As such, the request is not medically necessary.