

Case Number:	CM14-0154456		
Date Assigned:	09/23/2014	Date of Injury:	08/18/2011
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/16/2014

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, has a subspecialty Interventional Spine 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:

██████████ are: 1. Lumbago. 2. Low back pain. 3. Opiate-type dependency. 4. Continuous facet syndrome. According to progress report 09/02/2014, the patient presents with chronic low back pain. The patient's medication regimen includes Gralise, Docusate, orphenadrine, hydrocodone, naproxen, gabapentin, venlafaxine, ibuprofen, and cyclobenzaprine. Examination of the lumbar spine revealed diaphoresis in the lumbar spine, which was aggravated by the examination. Range of motion was limited by pain and there was tenderness to palpation with taut bands. There was radiating pain to the posterior lumbosacral spine and to the hips. The provider is requesting Docusate 250 mg #30. Utilization review denied the request on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate 250mg 1 Cap Daily #30: Overturned

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 CRITERIA FOR USE OF OPIOIDS Page(s): (MTUS 76-78).

Decision rationale: This patient presents with chronic low back pain. The provider is requesting Docusate sodium 250 mg #30 for patient's medication-induced constipation. Utilization review denied the request stating: The most recent medical report does not document constipation. In this case, the patient has been prescribed opiate on a long-term basis. Progress report 09/02/2014 indicates the patient has been utilizing Docusate for the patient's constipation associated with medication intake. The MTUS guidelines pg 76-78 discusses prophylactic medication for constipation when opiates are used. Such as, Docusate 250mg 1 Cap Daily #30 is medically necessary.