

Case Number:	CM14-0156586		
Date Assigned:	09/26/2014	Date of Injury:	11/06/1995
Decision Date:	12/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 Internal Medicine and is licensed to practice in New York. 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 70-year-old female with a date of injury of 11/06/1995. The mechanism of injury was not provided for review. She has chronic lumbar pain that radiates to both lower extremities despite two surgeries: 1995 - L4-L5, L5-S1 fusion with intervertebral cage and L5 laminectomy, decompression 1997 - re-exploration of the area with repeat surgery and implantation of a spinal stimulator. She has failed low back surgery and is treated with opiates for pain. She has constipation. She also has COPD, GERD, hyperlipidemia, and depression. In 2004, she had another spinal stimulator. On 08/22/2014 she had 6/10 low back pain radiating to both lower extremities. She was taking Actiq. She had tremors. She was taking senna and DDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate (DSS) 250mg #120 with 5 refills: 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 Opioids Page(s): 77.

Decision rationale: As noted in MTUS, Chronic Pain, page 77 opiates cause constipation. Prophylactic treatment of constipation should be started. She takes Actiq and is treated for

constipation with Senna and DSS. Both were requested for refills and all of the Senna was approved. DSS was approved in a lower dose and is consistent with MTUS guidelines. DSS was approved at 60 tablets (BID, as needed not QID) with refills.