

Case Number:	CM14-0164228		
Date Assigned:	10/28/2014	Date of Injury:	03/14/2003
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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:

This 50 year-old patient sustained an injury on 3/14/2003 while employed by [REDACTED]. Request(s) under consideration include Dulcolax. Diagnoses include Knee internal derangement, myalgia/myositis; and lumbar post-laminectomy syndrome s/p L4-S1 lumbar fusion in 2004. Report of 8/25/14 from the provider noted the patient had been compliant with detox, but continues with chronic ongoing intractable pain and was intermittently tremulous and has the shakes; has completed physical therapy- has been unable to attend pool therapy due to open abdominal wound; patient is requesting for massage chair. The patient had recently completed a cardiac echocardiogram and pulmonary function test. Exam showed limited painful lumbar ROM; positive SLR; use cane for assisted gait; had some improvement with mood and anxiety. Echocardiogram showed calcificatin of aortic valve with 40% ejection fraction with diastolic dysfunction. There were noted continued problems with constipation. Medications list Norvasc, Lisonopril, Chlorthalidone, Omeprazole, Zantac, Miralax, Dulcolax, Amitiza, and Suboxone. The request(s) for Dulcolax was non-certified on 9/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dulcolax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/dulcolax.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids Page(s): 77; 88.

Decision rationale: Dulcolax is used in the treatment of occasional constipation (irregularity). This product should be used for 7 days or less as excessive use can upset the body's chemical balance and lead to dependence on laxatives. Submitted reports have not adequately documented indication for the medication's continued use when it was noted the patient with continued unchanged complaints of constipation, already on multiple other laxative and stool softener like Miralax and Amitiza, without any noted functional benefit to continue pharmacological treatment. Additionally, there is no mention of constipation as a side effect from any opiates use not supported without functional improvement per guidelines. The request for Dulcolax is not medically necessary.