

<b>Case Number:</b>	CM14-0172163		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/04/1997
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Family 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:

This is a 66-year-old female patient who reported an industrial injury to the right shoulder and lower back on 1/4/1997, over 17 years ago, attributed to the performance of her usual and customary job tasks. The patient is being treated for the diagnoses of complete tear right shoulder rotator cuff; s/p placement of the spinal cord stimulator; s/p lumbar decompression; bilateral carpal tunnel syndrome; psychological issues; dermatological issues. The patient failed conservative care and surgical intervention to the right shoulder was recommended. Patient was reported to be stable on her prescribe pain medications. The patient was noted to be taking Norco 10/325 mg as needed Q6 hours PRN; Lyrica 75 mg; Colace 250 mg if needed for times a day; Flexeril 10 mg; flaxseed oil; glucosamine chondroitin; Restoril 30 mg; Voltaire and 1% gel; amitriptyline 25 mg; and Neurontin 300 mg. The objective findings on examination reported that the patient was alert noted times three. The diagnoses were spondylosis of unspecified site without mention a myelopathy; postlaminectomy syndrome lumbar region; other chronic pain; lumbar radicular pain. The treatment plan included the continuation of the prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate 250mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induces Constipation Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter opioids. American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 pages 114-116

**Decision rationale:** The prescription of Docusate 250 mg bid #60 is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. There is no rationale by the prescribing physician to support the medical necessity of the Colace 2050 mg #60. The patient is not demonstrated to have constipation as a side effect of opioids prescribed for cited chronic pain issues. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact she has constipation. The use of Docusate was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Docusate is demonstrated to be medically necessary with the prn use of Hydrocodone and is not medically necessary for the treatment of the reported chronic back/shoulder pain. The provider identified Opioids that may lead to constipation for which Docusate was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions. There was no documented functional improvement to the prescribed Docusate 250 mg #60.