

<b>Case Number:</b>	CM14-0172226		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/19/2014
<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 Physical Medicine & Rehabilitation, has a subspecialty in 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:

The pharmacy is a 41-year-old male with a date of injury of 12/26/2007. The listed diagnoses per [REDACTED] are lumbar radiculopathy, degenerative disk disease, and lumbar and failed back surgery syndrome. According to progress report 09/09/2014, the patient presents with chronic severe low back, groin, and bilateral lower extremity pain. Patient states, with his current medication regimen, he is able to keep his pain managed, and without medication, he can no longer perform his ADLs. His pain score is 10/10 without medication and 6/10 with medications. Patient's pain on this date is 7/10. Medication regimen includes oxycodone 15 mg, Viagra 100 mg, Prilosec 20 mg, docusate sodium 100 mg, and Voltaren XR 100 mg. Examination of the lumbar spine revealed abnormal palpation and tenderness noted in the L4-L5 level. TTT paraspinal was noted, especially over the right side. The physician is requesting refill of docusate sodium 100 mg for opioid-induced constipation. Utilization review denied the request on 09/19/2014. Treatment reports from 05/20/2014 through 09/09/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate Sodium 100mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Therapeutic Trial of Opioids CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with chronic low back pain that radiates into lower extremity. The physician is requesting a refill of docusate sodium 100 mg for patient's opioid-induced constipation. Utilization review partially certified the request from the requested 100 mg, no quantity specified, to a 1-month supply. The MTUS guidelines, page 78, discuss prophylactic medication for constipation when opiates are used. Review of the medical file indicates the patient has been taking opioid on a long-term basis, and the physician is prescribing this medication for opioid-induced constipation. Recommendation is for approval.