

<b>Case Number:</b>	CM14-0181354		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	03/23/1989
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 77-year-old male with a 3/23/89 date of injury. According to a progress report dated 10/8/14, the patient complained of bilateral low back pain radiating to both hips. He also complained of right lower extremity weakness. He rated his pain as an 8/10. He reported a 65 percent decrease in pain from the use of oxycodone. The medications have allowed the patient to tolerate the given home stretches for his hip and back. He reported that his constipation has resolved. Objective findings: antalgic gait, ambulates with cane, forward flexed body posture, spasms of low back, heaviness of legs noted. Treatment to date: medication management, activity modification. A UR decision dated 10/16/14 denied the request for oxycodone. Regarding oxycodone, there was no documented objective functional improvement in the records provided to warrant its continued use. Regarding DSS, with the patient complaining of constipation, DSS is medically reasonable. It is unclear from the rationale whether the request for DSS was certified or denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DSS 250mg capsule, twice a day by oral route for 90 days, #180 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate) Peer-reviewed literature ('Management of Opioid-Induced Gastrointestinal Effects: Treatment')

**Decision rationale:** The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. However, in the present case, the patient stated that his constipation has resolved. In addition, the medical necessity of his opioid medication, oxycodone, has not been established. As a result, this associated medication for prophylaxis of constipation cannot be substantiated. Therefore, the request for DSS 250mg capsule, twice a day by oral route for 90 days, #180 with 1 refill was not medically necessary.

**Oxycodone 20mg, 1 tablet every 6 hours, oral as needed for pain, 30 days #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1989 date of injury, over 2 decades ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, the records provided for review do not include discussion of a pain contract or urine drug screens. Therefore, the request for Oxycodone 20mg, 1 tablet every 6 hours, oral as needed for pain, 30 days #120 was not medically necessary.