

Case Number:	CM14-0024199		
Date Assigned:	06/11/2014	Date of Injury:	09/19/2008
Decision Date:	07/16/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/25/2014

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:

The underlying date of injury in this case is 09/19/2008. The patient's diagnosis is cervical sprain and strain. Additional treating diagnoses include cervical disc disease with Radiculitis and cervical disc degeneration. On 01/20/2014, the patient was seen in pain management follow-up. The patient presented at that time to reestablish care and for an epidural injection. Medications at that time were noted to include a Lidoderm Patch, Flector Patch, Oxycodone, and Norco. The treating physician encouraged a home exercise program and a second epidural injection as well as continued interdisciplinary follow-up. On 01/13/2014, the patient's treating orthopedic surgeon saw the patient in follow-up and noted the patient had ongoing pain including difficulty with overhead shoulder work. The patient was not currently exercising. Treatment recommendations included Norco, Lidoderm Patches, Senna, and Docusate. An initial physician review concluded that Docusate was not needed because the medically necessary of the patient's opioid treatment was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIXTY (60) DOCUSATE 250 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Initiating Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/initiating therapy, page 77, states that prophylactic treatment of constipation should be initiated. An initial physician reviewer concluded that Docusate was not indicated because the medical records did not establish the necessity of opioid treatment. Even if opioid treatment were discontinued, residual effects from that medication, including the need for prophylactic treatment of constipation, would continue for a period of time. The medical records do document that the patient currently is being treated with opioid medication. The treatment guidelines are specific in terms of the need for constipation treatment on a prophylactic basis. This requested treatment is specifically discussed in the treatment guidelines. This request is medically necessary.