

Case Number:	CM14-0030967		
Date Assigned:	06/20/2014	Date of Injury:	03/05/2011
Decision Date:	08/13/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/11/2014

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 injured worker is a 55 year old female who reported an injury on 03/05/2011. The mechanism of injury was not stated. Current diagnoses include status post permanent percutaneous spinal cord stimulator implant, complex regional pain syndrome, status post 5th metatarsal surgery, right foot internal derangement, right foot fracture, and hypertension. The latest physician progress report submitted for this review is documented on 10/23/2013. The injured worker reported persistent pain with weight bearing. Current medications include hydrocodone, Oxycodone, Cymbalta, OxyContin, Lexapro, Gralise, Ambien, and Lunesta. Physical examination on that date revealed right foot allodynia, hypesthesia, hyperalgesia, trophic skin changes, discoloration, 1+ swelling, tenderness to palpation, diminished strength, and an antalgic gait. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA)) web site (<http://www.drug.com/ppa/docate.html>) and http://www.medscape.com/viewarticle/427442_5).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The MTUS Chronic Pain Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker does not maintain a diagnosis of chronic constipation. There is no evidence of gastrointestinal complaints. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.