

Case Number:	CM14-0037227		
Date Assigned:	06/25/2014	Date of Injury:	10/06/2002
Decision Date:	08/25/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational 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 52-year-old male patient with a 10/6/02 date of injury. The exact mechanism of injury has not been described. A progress report dated 3/12/14 indicated that the patient complained of worsening of his constipation. The patient was treated with various medications for his aches and pains in the neck, shoulders and upper extremities, which caused constipation. He has noted some hemorrhoids from time to time as well. Physical exam revealed that bowel sounds are active but not quiet continues. There was vague fullness in the bilateral lower quadrants. He was diagnosed with multiple orthopedic injuries on an industrial basis and increased constipation secondary to treatment of injuries. Treatment to date: medication management. There is documentation of a previous 3/25/14 adverse determination. Docuprene and Lactulose were non-certified based on the fact that there was no documentation of ongoing constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docuprene 100mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM)- Docuprene.

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. This patient is noted to have difficulty with opioid-induced constipation. The guidelines do support the use of stool softeners in this setting. Therefore, the request of Docusone 100mg, #60 is medically necessary and appropriate.

Lactulose 10g/15cc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

Lactulose <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682338.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Lactulose).

Decision rationale: CA MTUS does not address this issue. Lactulose is a type of sugar. It is broken down in the large intestine into mild acids that draw water into the colon, which helps soften the stools. Lactulose is used to treat chronic constipation. The patient presented with worsened constipation. There was documentation stating the patient had benefit from Lactulose use. However, there is no documentation provided stating the quantity of Lactulose being requested. The only available documentation states Lactulose 10g/15 cc. Therefore, the request, as submitted, for Lactulose 10g/15cc was not medically necessary.