

<b>Case Number:</b>	CM14-0043833		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Orthopedic Surgery, 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 62 year old claimant with industrial date of injury of 11/1/12. The claimant is status post left shoulder arthroscopy with partial synovectomy and repair of rotator cuff on 8/29/13. An MRI of the left shoulder done on 4/11/13 demonstrates a full thickness tear of the distal supraspinatus tendon. An exam note from 2/25/14 demonstrates complaints of clicking and sharp pain to the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate, poat operative:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Pain, Opioid Induced Constipation Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS/ACOEM is silent on the issue of stool softeners. According to the Official Disability Guidelines, if prescribing opioids has been determined to be appropriate, then prophylactic treatment of constipation should be initiated. In this case the prior utilization review from 3/24/14 has determined that opioids is not appropriate. Therefore,

the use of Docusate would not be appropriate either. As such, the request is not medically necessary.