

Case Number:	CM14-0050154		
Date Assigned:	07/07/2014	Date of Injury:	10/22/2001
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 & 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:

According to the records made available for review, this is a 42-year-old male with a 10/22/01 date of injury, and status post cervical discectomy and fusion. At the time of request(4/1/14) for authorization for Neosporin Ointment 30 mg and Docusate Sodium 100 mg x 100, there was documentation of subjective pain rated at 7/10, dizziness, neck pain that radiates to both arms with numbness and tingling into the hands; right shoulder pain getting worse, severe limitation of movement; low back pain that radiates down the legs with numbness and tingling. Objective findings of tenderness over rhomboids and levator scapula, with current diagnoses of disc bulges C5-6 and C6-7; status post cervical discectomy and fusion, traumatic brain injury, head trauma, acromioclavicular joint osteoarthritis, right shoulder, right shoulder rotator cuff tear and glenoid labrum tear. The treatment to date is activity modification and unspecified medications. The 3/21/14 medical report identifies a request for a topical antibiotics ointment to prevent surface infection from surgical or other wounds and a stool softener to prevent hard/dry stools caused by other medications. Regarding the requested Neosporin Ointment 30 mg, there is no documentation of minor cuts, scrapes, and burns.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neosporin Ointment 30 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net.

Decision rationale: MTUS and Official Disability Guidelines (ODG) do not address this issue. Medical Treatment Guideline support Neosporin ointment (Polymyxin B, Neomycin, Bacitracin) as a first aid to help prevent infection in minor cuts, scrapes, and burns. Within the medical information available for review, there is documentation of diagnoses of disc bulges C5-6 and C6-7; status post cervical discectomy and fusion, traumatic brain injury, head trauma, acromioclavicular joint osteoarthritis, right shoulder, right shoulder rotator cuff tear and glenoid labrum tear. However, there is no documentation of minor cuts, scrapes, and burns. Therefore, based on guidelines and a review of the evidence, the request for Neosporin Ointment 30 mg is not medically necessary.

Docusate Sodium 100 mg x 100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids (Initiating Therapy) Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid Induced Constipation and <http://www.drugs.com/ppa/docusate.html>

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Official Disability Guidelines (ODG) identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which docusate is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of docusate. Within the medical information available for review, there is documentation of diagnoses of disc bulges C5-6 and C6-7; status post cervical discectomy and fusion, traumatic brain injury, head trauma, acromioclavicular joint osteoarthritis, right shoulder, right shoulder rotator cuff tear and glenoid labrum tear. In addition, given documentation of a request for a stool softener to prevent hard/dry stools caused by other medications, there is documentation of constipation. Therefore, based on guidelines and a review of the evidence, the request for Docusate Sodium 100mg #100 is medically necessary.