

<b>Case Number:</b>	CM14-0074267		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/16/2001
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 67 year old male with a work injury dated 5/16/01. The diagnoses include sacroiliac sprain, lumbago, lumbar degenerative disc disease, and lumbar facet arthropathy. Under consideration is a request for Stool Softener Sftgl. There is a primary treating physician report dated 1/15/14, the patient states that he was taking medication and was receiving relief from medication. The medications included Oxycodone, OxyContin, Nabumetone, Colace/Docusate Sodium 100mg, Gabapentin, and Xanax. The patient reported improvement in quality of life with this treatment, which alleviated pain, but did not eliminate it. The patient's medications were refilled and the patient was educated on opioid safety. On 4/8/14, the patient reported that "regular Percocet" worked better for him than the "plain Oxycodone." He stated the medication regimen he was on was helpful and he had no side effects from it. On examination, the patient walked slowly, with no antalgic gait. A 4/22/14 utilization review authorized a modified order of Percocet 10-325 mg #60 in order to allow for a taper and discontinuation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stool Softener Sftgl:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy p.77 Acupuncture Medical Treatment Guidelines Page(s): 77.

**Decision rationale:** Stool Softener Sftgl is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. A 4/22/14 utilization review recommended opioid taper. The MTUS guidelines do support prophylactic treatment of constipation while on opioids. Given that the recommendations are for opioid taper and the request does not indicate a limited quantity the request for stool softener Sftgl is not medically necessary.