

Case Number:	CM14-0076722		
Date Assigned:	09/10/2014	Date of Injury:	09/24/2012
Decision Date:	10/03/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 50 year old male with a work injury dated 9/24/12. The diagnoses include constipation, right shoulder bursitis/Impingement; bilateral knee moderate degenerative joint disease; bilateral knee chondromalacia patella; mild left elbow degenerative joint disease; history of right wrist fusion in 12/2012; history of long finger PIP (proximal interphalangeal) fusion. Under consideration is a request for Docuprene 100mg by mouth up to 4 times a day (QID) Count #40. There is a primary treating physician report dated 1/27/14 that states that the patient returns for follow up of his above issues. He reports abdominal pain with the pain medications he is taking for his work injury. The pain is dull and gnawing and centered on the epigastric region of the abdomen. It is a 6/10 pain that is worsened with pain medication intake and does not radiate. The patient is exercising as tolerated and tries to eat a healthy diet. Patient denies any traumatic injury to the abdomen, fever, or chills. He does admit to constipation from the pain medications. His abdominal exam is soft and nontender without palpable masses. The treatment plan included for his constipation, he was advised to increase his fiber intake and to begin Docuprene 100mg twice daily #60 with 0 refills. A 04/28/2014 recommended weaning the patient's Hydrocodone. A 2/18/14 document states that the patient states that even with Docuprene he had substantial constipation with Norco in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docuprene 100mg, #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97; 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Initiating Therapy Page(s): 8, 77.

Decision rationale: Docuprene 100mg, #40 is not medically necessary per the MTUS guidelines. The MTUS guidelines state that prophylactic treatment of constipation should be initiated. The guidelines state that if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The documentation indicates that despite taking Docuprene for medication induced constipation the patient has severe constipation. The patient is being weaned off his opioids which will likely aid in reduction of constipation. Without significant prior improvement with Docuprene the continued use of this medication is not appropriate therefore the request for Docuprene 100mg, #40 is not medically necessary.