

<b>Case Number:</b>	CM14-0077698		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/08/2001
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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:

The injured worker is a 67-year-old female who reported an injury on 05/08/2001. The mechanism of injury was not stated. Current diagnoses include history of right foot metatarsal fracture, lumbar degenerative disc disease, history of spinal cord stimulator implantation, history of right knee internal derangement, history of left knee patella fracture, and tendinitis in the bilateral shoulders. The injured worker was evaluated on 10/02/2013. The injured worker reported chronic pain in the upper and lower extremities, right shoulder, right lower extremity, and left shoulder. The current medication regimen includes Mirapex, Kadian, Norco, Zanaflex, Effexor, Cymbalta, Topamax, Imitrex, Celebrex, BuSpar, Trazodone, and Laxacin. A physical examination on that date revealed tenderness along the left upper thoracic spine, bilateral paraspinous tenderness of the lumbosacral junction, and mild to moderate lumbar spasm. Treatment recommendations at that time included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**11 of 14 Laxacin sodium (docusate sodium) 2 tid #200:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state first line treatment of opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There is no documentation of a failure to respond to first line treatment as recommended by the Official Disability Guidelines. It is also noted on a later date of 06/12/2014 that the patient has discontinued the prescription for Laxacin. As such, the request is not medically necessary.