

Case Number:	CM14-0104381		
Date Assigned:	09/16/2014	Date of Injury:	09/04/2003
Decision Date:	07/02/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female sustained an industrial injury on 9/4/03. She subsequently reported back pain. Diagnoses include sciatica, lumbosacral degenerative disc disease and radiculopathy of the lumbar spine. Treatments to date include x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back, right hip, leg and buttock pain with some numbness, burning and weakness. Upon examination, there was asymmetric spasm of the low back and positive straight leg raising on the right at 60 degrees, negative on the left. A request for Dulcolax medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dulcolax Tabs #60 with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of Constipation Iowa City (IA): University of Iowa Gerontological Nursing interventions Research Center, Research Translation and dissemination Core 2009 Oct. Page 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

Decision rationale: Dulcolax is used in the treatment of occasional constipation (irregularity). This product should be used for 7 days or less as excessive use can upset the body's chemical balance and lead to dependence on laxatives. Submitted reports have not adequately documented indication for the medication's continued use without any noted functional benefit to continue pharmacological treatment. Additionally, there is no mention of constipation as a side effect from any opiates use not supported without functional improvement per guidelines. The Dulcolax Tabs #60 with 3 Refills is not medically necessary and appropriate.