

<b>Case Number:</b>	CM14-0187692		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Internal Medicine, 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 (IW) is a year-old man with a date of injury of October 17, 2003. The mechanism of injury occurred as a result of working in a stockroom lifting boxes. He felt a sharp pain in his neck and down his whole body. The current working diagnoses are lumbago, inguinal hernia, chronic pain syndrome, mononeuritis, post-laminectomy syndrome, and disc degeneration. Pursuant to the October 28, 2014 progress note, the IW complains of wrist pain and migraines. He reports greater difficulty with weight bearing on the right side. Pain is rated 8/10 in the neck and shoulders. It is described as dull, sharp, spasm, tingling and tightness. Current medications include Gabapentin 600mg, Celebrex 200mg, Simvastatin 20mg, Lidoderm 5%, Omeprazole 20mg, and Losartan 100mg. Relevant physical findings revealed a soft, non-tender, and non-distended. No guarding or rigidity. Bowels sounds were present in all 4 quadrants. The provider also noted no vomiting, diarrhea, or constipation. The provider is requesting Stool Softener Cap 250mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Stool Softner cap 250mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>

**Decision rationale:** Pursuant to Medline plus, stool softeners 250 mg #60 are not medically necessary. Stool softeners are used on a short-term basis to relieve constipation by people who should avoid straining during bowel movements because of heart conditions, hemorrhoids or other problems. For additional details see attached link. In this case, the injured workers working diagnoses for lumbago, lumbosacral disc degenerative disease, chronic pain syndrome, mononeuritis, cervical degenerative disc disease, and ilio-inguinal pain bilateral status post hernia repairs (times 7 earlier repairs). Medications did not include opiates. The list includes Docusate sodium (stool softener), simvastatin, Lidoderm, omeprazole, gabapentin, Celebrex, and losartan. There was no documentation indicating the injured worker suffered with constipation. There was nothing in the historical record documenting constipation as a medical problem. Consequently, absent the appropriate indications for stool softener, still softeners 250 mg #60 are not medically necessary.