

Case Number:	CM14-0189219		
Date Assigned:	12/17/2014	Date of Injury:	08/30/2004
Decision Date:	01/29/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Pain 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 is a 71-year-old female with an original industrial injury on August 30, 2004. The injured worker has diagnoses of chronic low back pain, left shoulder pain, lumbar spinal stenosis, and chronic constipation. The patient is on Percocet for pain management. The disputed issue is a request for docusate sodium 250 mg number 60 with five refills. A utilization review determination on October 28, 2014 have modified this request. The request was modified to only allow two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 250 MG #60 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylaxis for Constipation Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid Induced Constipation Treatment

Decision rationale: With regard to this medication request, the MTUS Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side

effect. The initiation of Colace is appropriate in this case. However, it is the duration that is the issue. Since the patient only has an opioid course request for the next 3 months, the stool softener should be limited to this time frame. The request for Docusate Sodium 250 MG #60 with 5 refills is not medically necessary.