

Case Number:	CM14-0202595		
Date Assigned:	12/15/2014	Date of Injury:	05/30/2003
Decision Date:	02/20/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 51-year-old female who reported an injury on 05/30/2003. The mechanism of injury occurred when the injured worker strained her back while handling material. Her diagnoses included lumbar degenerative disc disease, lumbar radiculopathy, and muscle spasm. Her past treatments included medications and epidural steroid injections. Pertinent diagnostic studies MRIs of the lumbar spine, x-rays of the lumbar spine, and electrodiagnostic studies. Her surgical history was noncontributory. The injured worker presented on 01/08/2015 with complaints of radiating low back pain. The injured worker rated her pain a 7.5/10. The injured worker stated her pain without medication was a 10/10. There were no pertinent objective physical exam findings included with the documentation submitted for review. Her current medications included Cymbalta, MiraLAX, Norco, Lidoderm patch, docusate sodium, Zanaflex, Lunesta, Lyrica and Lexapro. The treatment plan was not included with the documentation submitted for review. The rationale for the request was not provided within the documentation submitted for review. A Request for Authorization Form dated 01/14/2015 was provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 250mg soft gel, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Page(s): 77.

Decision rationale: The request for docusate sodium 250 mg soft gel #60 with 3 refills is not medically necessary. The injured worker has radiating low back pain and a history of opiate induced constipation. The California MTUS Guidelines recommend prophylactic treatment of constipation. The documentation submitted for review provides evidence that the injured worker recently was approved for docusate sodium 250 mg soft gel #60 with 2 additional refills, thereby negating the request for docusate sodium 250 mg soft gel #60 with 3 refills. As such, the request for docusate sodium 250 mg soft gel #60 with 3 refills is not medically necessary.