

<b>Case Number:</b>	CM15-0100736		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Family Practice

### 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 56-year-old male, who sustained an industrial injury on 04/06/2013. He reported low back pain while working as a carpenter. The injured worker is currently able to return to work with restrictions. The injured worker is currently diagnosed as having displacement of lumbar intervertebral disc without myelopathy. Treatment and diagnostics to date has included lumbar spine MRI that showed disc protrusion and medications. In a progress note dated 04/23/2015, the injured worker presented with complaints of severe right hip and low back pain, which radiates to bilateral lower extremities. He stated his pain was 8 out of 10 on the pain scale. Objective findings include lumbar tenderness with spasms with limited range of motion. The treating physician reported requesting authorization for Docuprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docuprine 100mg po bid prn #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Other Medical Treatment Guidelines Drugs.com Website (<http://www.drugs.com/dosage/docuprene-tablets.html>).

**Decision rationale:** Docuprine is a laxative supported for the treatment of constipation. According to the Official Disability Guidelines, opioid induced constipation treatment is recommended if prescribing opioids has been determined to be appropriate. In this case, the medical records do not establish that the injured worker is being prescribed opioids. In addition, the medical records do not establish complaints of constipation by the injured worker to support the request for a laxative. The request for Docuprine 100mg po bid prn #60 is not medically necessary and appropriate.