

<b>Case Number:</b>	CM15-0101405		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on 5/05/2014. Diagnoses include shoulder tendinitis/bursitis, knee tendinitis/bursitis, wrist tendinitis/bursitis, hip tendinitis/bursitis, ankle tendinitis/bursitis and lumbar sprain/strain. Treatment to date has included diagnostics, injections and medications including pain medications and anti-inflammatories, and physical therapy. She ambulates with a cane. Per the Primary Treating Physician's Progress Report dated 5/11/2015, the injured worker reported pain in the left shoulder, left wrist, left hand, left hip, left knee and left ankle. Physical examination revealed decreased range of motion of the left shoulder with positive Hawkin's sign and positive impingement sign. There was decreased range of motion of the left wrist with a positive Phalen's test. There was decreased range of motion of the left hip with tenderness over the sacroiliac joint. There was decreased range of motion of the left knee with tenderness to palpation over the medial joint line, lateral joint line and patella. McMurray's test was positive. There was decreased range of motion of the left ankle with tenderness noted over the lateral malleolus and talo-fibular ligament with a positive reverse Phalen's test and trochanter. The plan of care included medications and authorization was requested on 5/12/2015 for Docuprene 100mg #360.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docuprene 100mg Qty: 360.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

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

**Decision rationale:** The claimant sustained a work injury and May 2014 and continues to be treated for left upper and lower extremity pain. She was seen for an initial evaluation by the requesting provider on 02/23/15. She was taking pain medications but did not recall their names. At the subsequent visit, the claimant medications are not documented. When requested, there was decreased range of motion. There was positive McMurray's testing and sacroiliac joint tenderness. McMurray's testing was positive. Docuprene was prescribed. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. Docuprene (docusate sodium) is used in the treatment of constipation. However, in this case, the requesting provider does not document the use of other medications and there is no evidence that the claimant continues to take an opioid medication. The request cannot be considered as being medically necessary.