

Case Number:	CM15-0010949		
Date Assigned:	01/27/2015	Date of Injury:	04/18/2011
Decision Date:	05/19/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 4/18/11. The injured worker has complaints of low back pain. The diagnoses have included status post anterior lumbar spine hardware removal October 2012; status post lumbar fusion; chronic low back pain; chronic neuropathy and intractable low back pain. Treatment to date has included psychological consultation; spine surgery in 2010 and 2012 with poor response and still in pain; left shoulder surgery in 2012 with a good response but with very little pain; magnetic resonance imaging (MRI) and X-rays; biofeedback therapy; injections; acupuncture; transcutaneous electrical nerve stimulation unit and physical therapy. The request was for Doc Q Lace (docusate) 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doc Q Lace (Docusate) 100mg # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Constipation Page(s): 77.

Decision rationale: Based on the 12/18/14 progress report provided by treating physician, the patient presents with low back pain rated 10/10 without medications and 50% reduction in pain with medications. The request is for Doc Q Lax (Docusate) 100mg #90. The patient is status post lumbar fusion, and status post lumbar hardware removal October 2012. Patient's diagnosis on 12/18/14 includes chronic low back pain, chronic neuropathy, intractable low back pain, and X-rays reveal a solid fusion L3-S1. Patient medications include Percocet, Neurontin and Colace. The patient is temporarily totally disabled, per 01/27/15 treater report. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." UR letter dated 01/08/15 states "...there is no documentation of constipation." Per 12/18/14 report, treater requests Colace for constipation. The patient is currently on opioid therapy, and MTUS recognizes constipation as a common side effect of chronic opiate use. Therefore, the request for Pericolax is medically necessary.