

<b>Case Number:</b>	CM15-0141607		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 62 year old male who sustained a work related injury April 16, 2004. Past history included hypertension, diabetes mellitus, gastroesophageal reflux disease, and bronchial asthma. On February 18, 2015, he underwent a diagnostic cervical epidurogram and cervical epidural steroid injection, right C6-C7 haha with fluoroscopic imaging. A post-procedure diagnosis was documented as cervical radiculopathy secondary to cervical disk injury, C5-C6 and C6-C7. According to a pain management physician's follow-up consultation report, dated March 30, 2015, the injured worker presented with greater than 50% reduction in neck and upper extremity pain following his cervical epidural injection in February. He had received epidural injections in the past including July 2014 and October 2013. His maximum pain dropped from a 9/10 to 4/10 since the injection. He was able to increase his daily activities and work full time without restrictions. He reports he was taking hydrocodone-acetaminophen 1-2 tablets a day and dropped down to 1 tablet every other day and requests to discontinue this medication because of pain relief. He currently also takes Tramadol 3-4 times a week for recurrent severe pain and cyclobenzaprine for muscle spasm but not on a continuous basis. He is active in the gym and performs frequent range of motion and stretching of the cervical spine, core-strengthening program and is able to drive. Physical examination revealed cervical range of motion; right rotation at 80 degrees, left rotation 70 degrees, forward flexion 60 degrees and extension 30 degrees. The erector capitis and trapezius muscles are non-tender. At this visit the provider stopped further use of Norco. At issue is the retrospective request for Promolaxin (Docustate Sodium), date of service March 30, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Promolaxin (Docustate Sodium) #100- DOS 3/30/15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 4. Decision based on Non-MTUS Citation 1) American Gastroenterological Association Medical Position Statement on Constipation, Gastroenterology, Volume 144, Issue 1, Pages 211-217, January 2013 2) University of Iowa College of Nursing Guideline: Management of Constipation, 1996 (revised 2009 Oct). Bibliographic Source(s): McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references].

**Decision rationale:** Promolaxin (docusate) is an anionic surfactant, that is, it is a substance that lowers the surface tension of water. It is a common over-the-counter medication classified as a stool softener and approved to treat constipation in adults. The common causes of chronic constipation in this patient's age group are inadequate fiber in diet, inadequate fluid intake, inadequate exercise and/or side effects from medications (such as opioids). Medical treatment would normally begin with fiber supplementation and/or osmotic or stimulant laxatives. The treatment for opioid-induced constipation is a stool softener plus a stimulant laxative. For this patient since use of chronic opioid therapy was discontinued except for the infrequent use of tramadol, the need for treating opioid-induced constipation should not be needed. At this point in the care of this individual use of Promolaxin is not indicated. Medical necessity has not been established.