MAXIMUS Federal Services

| Case Number: | CM15-0144224 | | |
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| Date Assigned: | 08/05/2015 | Date of Injury: | 09/06/2012 |
| Decision Date: | 09/08/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/24/2015 |

## 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 51 year old male, who sustained an industrial injury on September 6, 2012. Treatment to date has included physical therapy, epidural steroid injection, home exercise program, massage therapy, aqua therapy, psychological therapy, opioid medications, and antidepressants. His past medical history is significant for depression, gastroesophageal reflux disease, and gastric ulcer. Currently, the injured worker complains of chronic low back pain and reports that there have been no changes in his pain. He reports radiation of pain into his right lower extremity and notes that his pain is made worse with activity and better with rest and medication. On physical examination the injured worker has normal muscle tone in the bilateral upper extremities and the bilateral lower extremities. He has normal lumbar range of motion with decreased sensation noted in the L4, L5 dermatomes. A straight leg raise is negative and he has spasm and guarding upon physical examination of the lumbar spine. His medication regimen includes ducosate sodium, Norco, Eszopiclone, Prozac, omeprazole and alfuzosin hcl ER. The diagnoses associated with the request include long-term use of medications, pain psychogenic, major depression, generalized anxiety, sciatica, and lumbar disc displacement without myelopathy. The treatment plan includes continuation of docusate sodium, Norco, Prozac and omeprazole.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate Sodium 100mg capsule #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.webmd.com/drugs/2/drug-4576/colace-oral/details.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

**Decision rationale:** The patient was injured on 09/06/12 and presents with chronic lower back pain. The request is for DOCUSTATE SODIUM 100 MG CAPSULE #60 WITH 3 REFILLS. The RFA is dated 06/19/15 and the patient is permanent and stationary with permanent disability. He has been taking this medication as early as 09/16/14. 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." The patient is diagnosed with long-term use of medications, pain psychogenic, major depression, generalized anxiety, sciatica, and lumbar disc displacement without myelopathy. As of 06/26/15, the patient is taking Norco, Eszopiclone- Lunesta, Fluoxetine- Prozac, Omeprazole, and Alfuzosin. Although the patient is taking Norco, there is no indication that the patient has constipation or any documentation that the Docusate is helping. MTUS require documentation of medication efficacy. Therefore, the requested Docusate Sodium IS NOT medically necessary.