

Case Number:	CM15-0180082		
Date Assigned:	09/21/2015	Date of Injury:	07/12/2013
Decision Date:	11/02/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 37 year old female who sustained an industrial injury on 7-12-13. Diagnoses are noted as displacement of the lumbar intervertebral disc without myelopathy, disorders of bursae and tendons in shoulder region-unspecified, cervicgia, headache, umbilical hernia, and depressive disorder. In an office visit note dated 7-7-15, the physician reports subjective complaint of more pain over the operated hernia since she fell and has been feeling "like stitches broke" since then. She also complains of "bad sleep" and still needs medication for constipation. Neck pain radiates to the right shoulder and right upper extremity and low back pain radiates to bilateral lower extremities, right greater than left. The pain is associated with tingling, numbness and weakness in the right arm, right hand, right leg, and right foot. It is reported as "constant and severe." She has a flat affect. She ambulates with an antalgic gait. Exam of the cervical spine reveals limited range of motion and tenderness to palpation. The lumbar spine exam reveals rotation is limited. The plan includes a heating pad for the back and shoulder, MRI of the lumbar spine, Naproxen, Tramadol, Pantoprazole, topical patch 4%, Trazodone, and Docuprene 100 mg twice a day as needed #60 - "this medication appears to be effective for opioid-induced constipation." The requested treatment of retrospective Docuprene 100mg #60 for date of service 7-7-15 was denied on 8-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Docuprene 100mg #60 for DOS 7/7/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Upon review of the submitted documentation, it appears that continued treatment with opiates was not warranted and recent request for tramadol was non-certified. As opiate therapy is not indicated, the request is not medically necessary.