

Case Number:	CM15-0184507		
Date Assigned:	09/25/2015	Date of Injury:	12/01/2010
Decision Date:	11/02/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/19/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 43-year-old male who sustained an industrial injury December 1, 2010. Diagnosis has included displacement of lumbar intervertebral disc without myelopathy. Documented treatment includes Trazodone, Ibuprofen, Prilosec, and Docuprene stated as being "effective for opioid-induced constipation." Medical records provided show he has been using these medications for at least six months with no others documented. The report of 8-12-2015 states medication side effects are causing him to remain off work, and reports he has "constipation but no bladder problems." The injured worker continues to report mid and low back pain radiating down both legs including tingling, numbness and weakness. It is greater on the left side and noted as being constant. Pain is rated as 7 out of 10, with medication bringing it to 5. Objective examination revealed positive straight leg raising, decreased lumbar range of motion at L5-S1, and reduced sensation. The treating physician's plan of care includes a request 8-12-2015 for Docuprene 100 mg #60, but this was denied on 9-5-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docuprene 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: CA MTUS/ACOEM is silent on the issue of stool softeners. According to the ODG Pain section, opioid induced constipation treatment, "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated". In this case the documentation provided does not indicate that the injured worker is taking opioids. For the medications listed in the clinical notes constipation is not a frequently listed side effect. Therefore, according to the guidelines, the use of docusate in this case is not medically necessary.