

<b>Case Number:</b>	CM15-0192418		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Indiana, Michigan, California  
 Certification(s)/Specialty: Family Practice

### 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 65 year old female who experienced a work related injury on September 15, 2008. Diagnoses have included right knee osteoarthritis, right hip osteoarthritis, lumbosacral degenerative disc disease and constipation secondary to Tramadol use. Diagnostics consist of MRI of the left knee on February 16, 2009 showing tear of the medial meniscus and MRI of the right knee on November 11, 2014 with Grade 4 chondromalacia. Treatment has involved physical therapy, medications, activity modifications, cortisone joint injection, left partial knee meniscectomy on March 11, 2009 and December 15, 2010, right knee meniscectomy, synovectomy and chondroplasty on June 15, 2012 and right total hip arthroplasty. Request is for Docusate 50 mg, Senna 8.6 mg and Bisacodyl 5 mg number 90, one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate + Senna + Bisacodyl, 50mg/ 8.6mg/ 5mg, #90 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The injured worker is undergoing chronic pain management for a work related injury that occurred on September 15, 2008. Current medication treatment is with Tramadol. Tramadol is a centrally acting synthetic opioid analgesic. Common reactions to opioid use include constipation. MTUS Guidelines specifically state that prophylactic treatment of constipation should be initiated with opioid use. Docusate 50 mg, Senna 8.6 mg, Bisacodyl 5 mg is a combination laxative and stool softener used for the treatment of constipation and therefore request for this is medically necessary and appropriate.