

Case Number:	CM15-0199136		
Date Assigned:	10/14/2015	Date of Injury:	05/25/2012
Decision Date:	11/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, 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 56 year old female with a date of injury on 05-25-2015. The injured worker is undergoing treatment for displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis-not otherwise classified, carpal tunnel syndrome and ankylosis of joint-site unspecified. A physician progress note dated 09-15-2015 documents the injured worker has continued symptoms of ongoing neck pain with radiation to her left arm. She notes that her right hand is having increased tendon pain in flexor tendon and epicondyles, which she feels is secondary to overuse. Cervical range of motion is restricted in all planes. Spurling's maneuver produces complaints of neck pain without radiating pain, and her hands reveal that there is significant loss of range of motion at the left thumb both in the MTPJ and PIPJ. Tinel's and Phalen's are negative at the wrist and elbow. Sensory exam reveals decreased sensation in the dorsum of the thumb. Treatment to date has included diagnostic studies, medications, status post left carpal tunnel release and trigger thumb release on 04-25-2013. Medications include HCTZ, Losartan, Naproxen, Norco and over the counter Ibuprofen. A Magnetic Resonance Imaging of the cervical spine revealed evidence of compression of the C8 nerve root at the C7, T1 levels, an compression of the C6 nerve root at the C6-C7 level. On 09-30-2015 Utilization Review modified the request for Docusate/Senna 50/8.6 mg daily #30, one Refill, to Docusate/Senna 50/8.6 mg daily #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate/Senna 50/8.6 mg daily #30, one Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The claimant was also having increasing pain while on Norco (opioids), indicating a need for an alternative approach. Continued use of Docusate is not medically necessary.