

Case Number:	CM15-0199814		
Date Assigned:	10/15/2015	Date of Injury:	11/21/2007
Decision Date:	11/23/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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: North Carolina

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 64 year old female, who sustained an industrial injury on 11-21-2007. Medical records indicate the worker is undergoing treatment for cervical and lumbar sprain-strain, left shoulder impingement syndrome, anxiety, depression and insomnia. The only progress report prior to the Utilization Review decision was dated 3-6-2015, reported the injured worker complained of headache, neck pain, upper back pain, low back pain, bilateral shoulder pain, bilateral elbow pain, bilateral knee and ankle pain, depression and anxiety. There is not mention of constipation or bowel issues. Physical examination revealed musculoskeletal tenderness. Treatment to date has included physical therapy and medication management. The physician is requesting Dulcolax #30. On 9-18-2015, the Utilization Review noncertified the request for Dulcolax #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dulcolax #30: Upheld

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 for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is not currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. There is no primary constipation diagnosis or symptoms. Therefore, the request is not medically necessary.