

Case Number:	CM15-0200478		
Date Assigned:	10/15/2015	Date of Injury:	05/24/2014
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 49 year old male, who sustained an industrial injury on 5-24-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar spine radiculopathy, myofascial pain syndrome, bilateral knee degenerative joint disease, severe chondromalacia on the left, non-steroidal anti-inflammatory drug-induced gastritis, and constipation. According to the progress report dated 8-25-2015, the injured worker presented with complaints of continuous low back pain associated with numbness and tingling in the left lower extremity. On a subjective pain scale, he rates his pain 7 out of 10. In addition, he reports pain in his bilateral knees, bilateral hands, and left shoulder. The physical examination of the lumbar spine reveals tenderness within the paralumbar musculature as well as the spinous processes and vertebral bodies throughout the lumbar spine. Range of motion is extremely limited due to pain. The current medications are Ibuprofen and Aleve. Previous diagnostic testing includes MRI studies. Treatments to date include medication management, physical therapy, chiropractic, and acupuncture. Work status is described as currently not working. The original utilization review (9-23-2015) had non-certified a request for Docusate 50 mg, Senna 8.6 mg, Bisacodyl 5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate 50 mg/Senna 8.6 mg/Bisacodyl 5 mg #60 times one refill quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) (Docusate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Wald A, et al. Management of chronic constipation in adults, Topic 2636, version 21.0, UpToDate, accessed 09/18/2015, Bisacodyl: Drug information, Topic 8815, version 97.0, UpToDate, accessed 11/24/2015, Docusate: Drug information, Topic 9382, version 144.0, UpToDate, accessed 11/24/2015, Senna: Drug information Topic 10260, version 101.0, UpToDate, accessed 11/24/2015.

Decision rationale: The MTUS Guidelines encourage the prevention and management of constipation that is caused by opioid pain medications. Docusate is a medication in the stool softener category. It works by allowing more water to enter the stool, making it softer and potentially easier to pass. While docusate has few side effects, it is less effective than other laxatives and treatments available. Bisacodyl and senna are stimulant laxatives. They work by increasing the movement of the bowel wall and increasing the amount of fluid in the stool. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg with numbness and tingling, left knee pain, pain in both hands, left shoulder pain, problems sleeping, and depressed and anxious moods. There was no record recent to the request suggesting the worker had constipation or detailing medications that commonly cause it. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of docusate 50mg, senna 8.6mg, and bisacodyl 5mg with one refill is not medically necessary.