

<b>Case Number:</b>	CM15-0201457		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Oregon, Washington  
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 41 year old female, who sustained an industrial injury on 4-17-2001. The injured worker is undergoing treatment for left shoulder impingement, lumbar fusion, lumbar laminectomy, lumbar stenosis, chronic pain, failed back surgery and complex regional pain syndrome (CRPS). Medical records dated 9-16-2015 indicate the injured worker complains of continued left shoulder and back pain. On exam dated 9-23-2015 the treating physician indicates stool softener is needed stating "the patient has failed more conservative therapies including dietary changes, increased water intake and attempts to increase activity." Physical exam dated 9-16-2015 notes slow antalgic gait with use of a cane, painful decreased lumbar range of motion (ROM) and positive straight leg raise. Treatment to date has included surgery, medication, activity alteration and pain management. The original utilization review dated 9-23-2015 indicates the request for Pantoprazole 20mg #60, Hydrocodone 10-325mg #105 and Duloxetine 30mg #30 is certified and Senna-Docusate 50-8.6mg #90 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna/Docusate 50/8.6mg, one to three tablets once a day quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, opioid induced constipation.

**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 prior utilization review from 9/23/15 has determined that opioids is not appropriate. Therefore the use of docusate in this case is deemed as not medically necessary.