MAXIMUS Federal Services

Case Number:	CM15-0206198		
Date Assigned:	10/23/2015	Date of Injury:	12/28/1996
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 29, 1996. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for Colace. The claims administrator referenced an office visit dated September 29, 2015 in its determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery. The applicant had superimposed issued with opioid dependence, major depressive disorder, and fibromyalgia, the treating provider reported. The applicant's medications included Neurontin, OxyContin, and Wellbutrin, it was reported. The applicant was asked to try and detoxify off of opioids, the treating provider reported. On August 11, 2015, acupuncture was performed. On September 29, 2015, the applicant was asked to employ Suboxone for opioid detoxification purposes. Colace was also endorsed. The applicant was not working and had been deemed "disabled," the treating provider reported. The applicant was described as having active issues with constipation, it was stated in the Review of Systems section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100 MG Cap Take 1 Cap Every Day by Oral Route As Needed for Constipation for 30 Days Qty 15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioid Induced Constipation.

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

Decision rationale: Yes, the request for docusate sodium (Colace), a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioid agents. Here, the applicant was using several opioids, including OxyContin and Suboxone, on or around the date in question, September 29, 2015. The applicant was having active symptoms of constipation present on that date, the treating provider reported. Introduction of docusate sodium (Colace) was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.