

Case Number:	CM15-0022114		
Date Assigned:	02/11/2015	Date of Injury:	11/01/2011
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/05/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 39 year old female with an industrial injury dated 11/01/2011. The mechanism of injury is described as occurring when she was lifting heavy boxes causing pain in her right shoulder and lower back. She presents on 12/17/2014 with lower back pain. She continues to require pain medication to bring her pain levels down to about 6/10. She experiences upset stomach and constipation related to the medications. Physical exam revealed tenderness in the shoulder and lumbar spine. There was a decreased range of motion in both areas. Prior treatments include acupuncture and medications. Diagnoses include status post right shoulder arthroscopic surgery with residual pain, herniated ruptured disc at lumbar 4-5 and lumbar 5-sacral 1 with level with right leg radiculitis, right lower extremity radiculitis and positive lumbar spine discogram, indicating segmental instability. On 01/30/2015 the request for 60 tablets of Docusate Sodium 250 mg was non-certified by utilization review. The request for 60 tablets of Prilosec 20 mg was also non-certified. MTUS was cited. MTUS/ACOEM and ODG do not specifically address the request for docusate sodium. The following was cited: <http://www.drugs.com/ppa/docusate.html>.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 250mg, quantity: 60 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/docusate.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Pain (Chronic), Opioid-induced constipation treatment UpToDate.com, docusate

Decision rationale: Docusate is a stool softeners. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives." The treating physician did not document that he encouraged the patient drink 8 tall glasses of water daily and exercise as tolerated" and "consume a high fiber diet". In addition the requesting provider did not report how compliant the patient was to the first line constipation treatment and did not indicate if fiber treatment was initiated. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. As such, the request for 60 tablets of Docusate sodium 250mg is not medically indicated at this time.

Prilosec 20mg, quantity: 60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events:1) age > 65 years;(2) history of peptic ulcer, GI bleeding or perforation;(3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)."And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ‚g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)."The medical documents provided do not establish the patient has

having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for 60 tablets of Prilosec 20mg is not medically necessary.