

Case Number:	CM15-0022218		
Date Assigned:	02/11/2015	Date of Injury:	03/05/2007
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 3/05/2007. The diagnoses have included pain in joint, shoulder region and complex regional pain syndrome on the right upper extremity. Treatment to date has included surgical interventions and conservative measures. Currently, the injured worker complains of pain in the right upper extremity and neck, rated 8/10 on average, 10/10 at worst. Current medications included Orphenadrine-ASA-caffeine, Dolgic plus, Diclofenic sodium, Cymbalta, Lidoderm patch, Sulindac, Omeprazole, Cyclobenzaprine, Norco, Doc-Q-Lax, and topical cream. Tenderness to palpation was noted in the cervical spine and lumbar spine. Normal range of motion was noted on spinal exam. No gastrointestinal symptoms were noted. On 1/29/2015, Utilization Review non-certified a request for Doc-Q-Lax 8.6mg-50mg (#60 with 2 refills), noting the lack of compliance with MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doc-O-Lax 8.6mg-50mg tablet. 1 Twice a day for 30 days, dispense 60 tablets, 2 refills.:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Laxative adverse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for chronic upper extremity pain. Medications include Norco and Doc-Q-Lax, both being prescribed on a long term basis. Doc-Q-Lax (docusate/senna) is a combination medication used for the treatment of constipation. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, oral medications include opioids, but whether the claimant has a history of opioid induced constipation and whether other medications have been tried is unknown. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.