

<b>Case Number:</b>	CM15-0023450		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 44 year old female, who sustained an industrial injury on November 30, 2011. She has reported right elbow pain, left shoulder pain, and neck pain. The diagnoses have included right elbow fracture, compensatory right and left shoulder pain, right lateral epicondylitis, rule out cubital tunnel syndrome. Treatment to date has included right elbow surgeries, injections, medications, acupuncture, physical therapy, and imaging studies. A progress note dated December 8, 2014 indicates a chief complaint of continued right elbow pain, left shoulder pain, neck pain, and upper back pain. Physical examination showed full range of motion of the right elbow, tenderness to palpation of the right elbow, and restricted wrist extension. The treating physician is requesting a prescription for Docuprane. On January 16, 2015 Utilization Review denied the request for a prescription for Docuprane citing the California Medical Treatment Utilization Schedule and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docuprane 100MG #60 for right lateral elbow epicondylitis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, 13th Edition (web), Pain Chapter, Opioid-Induced Constipation Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/ency/article/003125.htm>

**Decision rationale:** Pursuant to Medline plus, Docuprene 100 mg #60 is not medically necessary. This medication is used to treat occasional constipation. Stool softeners such as Docusate are often the first method used for preventing constipation. For additional details see the attached link. In this case, the injured worker's working diagnoses are right lateral epicondylitis; and rule out cubital syndrome. The documentation indicates the injured worker suffers with constipation according to the review of systems. In the history of present illness, the injured worker denies any bowel or bladder problems. The cause of constipation is not discussed in the medical record. Stated differently, whether this is opiate induced, medication induced or irritable bowel syndrome is unclear from the documentation in the medical record. Consequently, absent clinical documentation to support Docuprene use, Docuprene 100 mg #60 is not medically necessary.