

Case Number:	CM15-0213521		
Date Assigned:	11/03/2015	Date of Injury:	02/25/2015
Decision Date:	12/21/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/30/2015

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: Anesthesiology, 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 68 year old female, who sustained an industrial injury on February 25, 2015. She reported injury to her low back. The injured worker was currently diagnosed as having spondylolisthesis L5-S1 grade 2, severe degenerative disc disease L5-S1 and degenerative joint disease right hip. Treatment to date has included diagnostic studies, back brace, home exercise, Aspirin, ibuprofen, Cyclobenzaprine, Omeprazole, Prednisone, Motrin, Promolaxin, Relafen, Robaxin and physical therapy. On September 21, 2015, the injured worker was noted to wear a corset and had eight physical therapy sessions that have been helpful. "Additional medications" were also noted to be helpful. There were no complaints of constipation reported. Promolaxin was also indicated as treatment in a report dated July 20, 2015. On October 1, 2015, utilization review denied a request for Promolaxin 100mg #30. A request for Relafen 750mg #60 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promolaxin 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Promolaxin.

Decision rationale: According to the ODG, Promolaxin (docusate) is indicated for the treatment and prophylaxis of constipation. Docusate is a stool softener. It makes bowel movements softer and easier to pass. Docusate is used to treat or prevent constipation, and to reduce pain or rectal damage caused by hard stools or by straining during bowel movements. According to the documents submitted for review, the IW does not have a diagnosis of constipation nor is there any rationale provided in the clinical notes to support the use of this agent. Therefore, at this time, the request is not medically necessary.