

<b>Case Number:</b>	CM15-0222470		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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 55-year-old male, who sustained an industrial injury on 3-27-2014. Diagnoses include left inguinal hernia repair with post-operative pain, left genitofemoral neuropathy secondary to hernia repair, chronic pain syndrome and neuropathic pain. Treatments to date include activity modification, acupuncture treatment, left genitofemoral and ilioinguinal nerve block, and medication therapy including Ibuprofen 600mg twice daily and Oxycodone 5-325mg, one to two tablets before bed for at least six months, in addition to Lidocaine topical ointment, Lidocaine 5% patch, and Naproxen. On 10-20-15, he complained of increased lower abdominal pain and ongoing groin pain radiating to the left testicle. The nerve block provided was noted to provide no relief. The physical examination documented report of ongoing severe pain, associated with leg weakness associated with leg collapse causing falls. The plan of care included ongoing medication management and aquatic therapy. The appeal requested authorization for Colace 100mg, one twice daily, #60 with five refills, and Oxycodone Acetaminophen 5-325mg, one twice daily #60 for 30 day supply, no refills, prescribed on 10-20-15. The Utilization Review dated 10-28-15, modified the request to allow for Oxycodone Acetaminophen 5-325mg to wean and allow Colace 100mg capsule, #60 with no refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg, #60 with 5 refills:** 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) Pain Chapter -Opioids induced constipation treatment.

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

**Decision rationale:** According to the ODG, 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 available for review, the IW does not have a diagnosis of constipation and there is no rationale provided in the clinical notes to support the use of this agent. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.