

<b>Case Number:</b>	CM15-0033952		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: District of Columbia, Virginia  
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 (IW) is a 57-year-old male, who sustained an industrial injury on 2/12/2003. The details surrounding the initial injury were not submitted for this review. The medical records included letter of medical necessity from the provider dated 7/15/14 explaining a history of permanent lower gastrointestinal disability caused by an injury occurring in the course of employment. He is status post L4-S1 interbody fusion with hardware in 2006. The diagnoses have included chronic low back pain status post lumbar fusion, bilateral carpal tunnel syndrome, and severe depression. Treatment to date has included medication therapy, H-Wave stimulator, aquatic therapy and medication therapy. Currently, the IW complains of pain rated 5/10 with medication and 10/109 VAS without medications. The physical examination on 11/4/14 documented lumbar spinal tenderness with muscle spasm, positive straight leg test on left, and decreased Range of Motion (ROM). The plan of care included a new mattress, continued medication therapy, continuation of psychiatric treatment, lumbar orthotic support brace and right wrist brace, and continuation of utilizing the H-Wave unit. On 1/23/2015 Utilization Review non-certified Laxacin Docusate sodium and sennosides Tablets 50/8.6mg tablets, noting the treatment guidelines. The MTUS and ODG Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Laxacin Docusate sodium and sennosides Tablets 50/8.6mg tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laxacin tab 8.6-50mg:** Overturned

**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; <http://dailymed.nlm.nih.gov/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-158739/laxacin-oral/details>.

**Decision rationale:** MTUS and ACOEM do not address this therapy and so alternate guidelines were cited. Laxacin is used to treat constipation. It contains 2 medications: sennosides and docusate. Sennosides are known as stimulant laxatives. They work by keeping water in the intestines, which helps to cause movement of the intestines. Docusate is known as a stool softener. It helps increase the amount of water in the stool, making it softer and easier to pass. This patient had issues with constipated related to usage of opiates and also was found to have GERD. Laxacin would be indicated. Therefore, the request is medically necessary.