

Case Number:	CM15-0039100		
Date Assigned:	03/09/2015	Date of Injury:	10/27/2011
Decision Date:	04/17/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/02/2015

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
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47-year-old female sustained an industrial injury on 10/27/11. The injured worker was diagnosed with right hand crush injury and compartment syndrome. Treatment plan included excision, debridement and fasciotomies (10/27/11), radial and ulnar nerve neuroma excision (July 2012), steroid injections, transcutaneous electrical nerve stimulator unit, physical therapy and medications. In a PR-2 dated 2/2/15, the injured worker complained of right hand pain 4/10 on the visual analog scale with medications and 10/10 without medications. The injured worker also reported a two and a half year history of chronic progressive pain in the neck, upper back, right shoulder and bilateral arms. Current diagnoses included causalgia upper limb and hand pain. The treatment plan included increasing Cymbalta and Norco, continuing Lyrica, Docusate, Simethicone, Doc-q-lace and Propanolol, a referral for a psychological evaluation, twelve sessions of physical therapy and a right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOC-Q-LACE 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/doc-q-lace.html>.

Decision rationale: 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 medical records there is no documentation as to why doc-q-lace is needed and thus not medically necessary.