

Case Number:	CM15-0042956		
Date Assigned:	03/13/2015	Date of Injury:	10/28/2013
Decision Date:	04/23/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/06/2015

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 is a 40 year old male, who sustained an industrial injury on 10/28/2013. He reported an injury to his upper back, mid back, lower back, both shoulders, left leg, and both knees. The injured worker is currently diagnosed as having left piriformis syndrome and left sacroiliitis. Treatment to date has included MRI of the lower back, physical therapy, acupuncture, chiropractic treatment, and medications. In a progress note dated 02/02/2015, the injured worker presented with complaints of pain in the neck, upper back, mid back, lower back, both shoulders, both hips, left leg, both knees, left ankle, and left foot with associated weakness in his arms, left leg, and left foot. The treating physician reported prescribing medications, performing a urine drug screen, and recommending a psychiatrist evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docuprene 100 mg, sixty count: 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 chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 77-8.

Decision rationale: Docuprene is a medication used to treat constipation. This patient was on opiates, vicodin and norco. Per MTUS, the patient should be on medication to prevent opiate-induced constipation. This intervention would be recommended. Per MUTS: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The request IS medically necessary.