MAXIMUS Federal Services

Case Number:	CM13-0057551		
Date Assigned:	12/30/2013	Date of Injury:	11/20/2000
Decision Date:	07/23/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 54-year-old male with an 11/20/2000 date of injury. A specific mechanism of injury was not described. A non-certification was rendered on 11/12/13 for the disputed medications. Regarding Align, reasons for denial included that the safety or appropriate use has not been established. Regarding constipation capsule, there was no 10/29/13 medical report and it was unclear which indication the constipation capsule was prescribed. No additional reports were provided for review. Prior records indicate that the patient presented on 7/29/13 with low back pain radiating to the left lower extremity. Physical examination revealed bilateral ankle tenderness and decreased range of motion. The patient was on a narcotic regimen. A 6/11/13 medical report identified abdominal pain with medication. The treating provider has requested Align 4mg Cap #28, and Constipation Capsule (Docusate 50mg/ Ducolax 5mg/Senna 8.6mg) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOS: 10/29/2013: ALIGN 4MG, #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The prior determination appropriately indicated that the FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. There remains no rationale or indication provided for the treatment with the requested medication. The medical necessity for the requested item has not been established. As such, the request is not medically necessary and appropriate.

RETROSPECTIVE DOS: 10/29/2013: DOCUSATE 50MG/ DULCOLAX 5MG / SENNA 8.6MG, #60 (CONSTIPATION CAPSULE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/ppa/docusate.html and "Management of Opioid-Induced Gastrointestinal Effects: Treatment" http://www.medscape.com/viewarticle/427442_5.

Decision rationale: Despite indication that the patient is on opioid treatment, there remains no medical report provided identifying a rationale for the requested medication. There is no indication that the patient is having constipation issues. The notes do describe "gastropathy" secondary to chronic use of medications however, no clear and concise description of any opiate-induced constipation for which Docusate would be indicated. The medical necessity for the requested item has not been established. As such, the request is not medically necessary and appropriate.