

<b>Case Number:</b>	CM14-0124974		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Medicine 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:

The injured worker is a 48 year old female who initially presented with complaints of low back pain. The clinical note dated 07/02/14 indicates the injured worker complained of low back pain with radiating pain into both lower extremities. The injured worker rated the pain as 7/10. There is an indication the patient is being recommended for aquatic therapy as well as the continued use of Norco and Flexeril at that time. There is also an indication the injured worker has been utilizing Tramadol. There is an indication the injured worker has undergone an MRI which revealed a disc protrusion of L5-S1 and L4-5. Minimal strength deficits were identified at the right EHL, the right dorsi flexors, the right plantar flexors, and the right knee extensors. The note indicates the injured worker being recommended for the continued use of Norco. The utilization review dated 07/26/14 resulted in denials for the use Docusate, Senokot, and Norco as insufficient information had been submitted regarding the ongoing need for Norco. The request for Senokot had partially been approved. Additionally, the ongoing use of Docusate was denied as no information had been submitted regarding the effectiveness of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate Sodium 250mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dharmananda, Subhuti. "SAFETY ISSUES AFFECTING HERBS: How Long can Stimulant Laxatives be Used?". Institute for Traditional Medicine. Retrieved 2010-03-19. Anita Hickey MD, Ian Laughlin MD. Essentials of Pain Management. 2011, pp 725-746. 20 Dec 2010. Drug Formulary for Pain Management

**Decision rationale:** The documentation indicates the injured worker continuing the use of Docusate. However, no information was submitted regarding the effectiveness of the medication. No information was submitted regarding the injured worker's specific complaints of ongoing constipation. Therefore, this request is not indicated as medically necessary per the cited guidelines.

**Senokot 8.6mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: C. J. O'Dea, S. J. H. Brookes, D. A. Wattchow. The efficacy of treatment of patients with severe constipation or recurrent pseudo-obstruction with pyridostigmine. Colorectal Disease Volume 12, Issue 6, pages 540-548, June 2010.

**Decision rationale:** There is an indication the injured worker has been partially approved for the continued use of Senokot. However, no information was submitted regarding the objective improvement with use of this medication. Additionally, no information was submitted regarding the injured worker's continued complaints of constipation. Given these factors, the request is not indicated as medically necessary per the cited guidelines.

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time per the MTUS guidelines.