

Case Number:	CM14-0128952		
Date Assigned:	09/12/2014	Date of Injury:	05/03/2012
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation, 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 57-year-old male with a 5/3/12 date of injury. The mechanism of injury occurred when a large piece of wood fell hitting him in the left side of the head around the temple area. According to a progress report dated 9/3/14, the patient complained of persistent headaches that have not been improving. Objective findings: patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood, limited cervical ROM. Diagnostic impression: subdural hem-concussion, sprains and strains of neck. Treatment to date: medication management, activity modification, massage therapy, physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse and NIH PubMed

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate) Peer-reviewed literature 'Management of Opioid-Induced Gastrointestinal Effects: Treatment'

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. In the most recent report reviewed, dated 9/3/14, the patient denied having constipation. In addition, the patient is not noted to be taking any medications, such as opioids, that require prophylaxis from constipation. Therefore, the request for Docusate Sodium 100mg, #60 is not medically necessary.