

Case Number:	CM14-0145211		
Date Assigned:	09/12/2014	Date of Injury:	02/01/2003
Decision Date:	10/16/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/08/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 02/01/2003 due to while mopping the floor, the bottom of the mop got caught onto the wheel. The injured worker proceeded to yank the mop out from under the wheel, injuring his back. The injured worker has diagnoses of lumbar disc displacement without myelopathy, sciatica, disorders of the sacrum and depression. Physical medical treatment consists of physical therapy, surgery, spinal cord stimulator, lumbar epidural steroid injections, and medication therapy. Medications consist of Ketamine 5%, Capsaicin 0.025%, docusate sodium, tramadol, hydrochlorothiazide, metformin, Novolin, vitamin D, and vitamin E. In 11/2007, the injured worker underwent an MRI of the lumbar spine. He has a past medical history which consists of right knee surgery in 2001, knee replacement of the right knee in 2003, and knee replacement of the left knee in 2007. On 08/27/2014, the injured worker complained of low back pain. Physical examination had noted that the injured worker's pain rate was a 5/10 without medication and a 4/10 with medication. Physical examination revealed that there was normal muscle tone without atrophy in the right upper extremity, left upper extremity, right lower extremity, and left lower extremity. There was spasm and guarding noted in the lumbar spine. The treatment plan is for the injured worker to continue the use of docusate sodium 100 mg. It was noted in the examination that the injured worker complained of constipation, heartburn and nausea. The provider feels that the use of docusate is necessary due to the tramadol is helping manage pain levels of the injured worker. Tramadol is what is causing the constipation and nausea to the injured worker. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100mg #60 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Opioid-induced constipation treatment (Docusate).

Decision rationale: The request for Docusate Sodium 100mg #60 3 refills is not medically necessary. The ODG recommends opioid induced constipation treatment. On prescribing and opioid, especially if it will be needed for more than a few weeks, there should be an open discussion with the patient that this medication may be constipating, and the first step should be to identify and correct it. Simple treatments including increasing physical therapy, maintaining hydration by drinking enough water, and advising the injured worker to follow a proper diet rich in fiber. These can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over the counter medications can help loosen otherwise hard stools and increase water content of stool. The submitted documentation did not indicate that the provider had educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid induced constipation. It was documented that the injured worker had complaints of constipation and nausea. However, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within ODG recommended criteria. As such, the request is not medically necessary.