

<b>Case Number:</b>	CM14-0172544		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/13/1995
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2014

### 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 Internal Medicine and is licensed to practice in Pennsylvania. 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 47-year-old gentleman with a date of injury of 06/13/1995. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 08/06/2014, 08/20/2014, and 09/03/2014 indicated the worker was experiencing lower back pain that went into the buttocks and left leg, bladder incontinence, left leg numbness and weakness with muscle spasms, and pain-induced depression. [REDACTED] note dated 09/03/2014 indicated the worker began experiencing medication-induced constipation. Documented examinations consistently described decreased motion in the lower back joints and lower back tenderness. The submitted and reviewed documentation concluded the worker was suffering from bulging disk(s) in the lower back, bladder incontinence that was improved, on-going pain, pain-induced depression, and medication-induced constipation. Treatment recommendations included oral pain medications, a MRI of the lower back, Docusate for constipation, and medication adjustments for negative side effects. A Utilization Review decision by [REDACTED] was rendered on 09/19/2014 recommending non-certification for Docusate 250mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Docusate 250mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Wald A, et al. Management of chronic constipation in adults. Topic 2636, version 17.0. UpToDate, accessed 11/25/2014.

**Decision rationale:** The MTUS Guidelines encourage the prevention and management of constipation that is caused by opioid pain medications. Docusate is a medication in the stool softener category. It works by allowing more water to enter the stool, making it softer and potentially easier to pass. While Docusate has few side effects, it is less effective than other laxatives and treatments available. The submitted and reviewed documentation concluded the worker was suffering from medication-induced constipation, among other issues. No detailed assessment of this issue was recorded. There was no mention of other treatments that were tried but had failed to correct this problem. There was no discussion supporting the use of Docusate as first line therapy for medication-induced constipation. In the absence of such evidence, the current request for Docusate 250mg #30 is not medically necessary.