

<b>Case Number:</b>	CM14-0086038		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 54 year old male who reported an injury on 09/19/2008 due to a fall. The diagnoses noted were lumbar sprain, lumbosacral degenerative disc disease, lumbar spinal stenosis, and displacement of lumbar intervertebral disc without myelopathy. The past treatment was noted as physical therapy, medication and facet and epidural steroid injections. His diagnostic studies included an unofficial MRI of the lumbar spine that was noted to reveal L2-L3 mild diffuse posterior bulge, L4-L5 and L5-S1 mild posterior protrusion without mass effect on nerve roots and mild to moderate spondylosis. There was no relevant surgical history noted. On 05/16/2014, the injured worker complained of pain in the low back and bilateral legs. He rated his pain a 7/10 and reported that the pain was constant. He complained of constipation and insomnia. He was started on medical foods but did not find them very beneficial as he was taking them sporadically. Upon physical examination, the injured worker was noted to have decreased sensation to the left lower extremity and sciatica to the left as well. The medications were noted as Butrans patches, Nucynta, Flexeril, Lyrica, Docuprene and Rameron. He had been taking the medications since at least November of 2013. The treatment plan was to refill and continue medications and adhere to work restrictions. The rationale for the request was to aid in constipation. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docuprene, 100 mg twice daily, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

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

**Decision rationale:** The request for Docuprene 100 mg twice daily #60 is not medically necessary. The Official Disability Guidelines recommend treatment of constipation prophylactically upon the initiation of opioid therapy. The injured worker was noted to be currently taking opioid medication and had been taking the medication since at least November of 2013. Upon examination, he complained of constipation. The documentation did not provide sufficient evidence that this medication provided relief for the injured worker to support continued use of Docuprene. Therefore, the request for Docuprene 100 mg twice daily #60 is not medically necessary.