

<b>Case Number:</b>	CM14-0212744		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	05/14/1999
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 5/14/1999. Patient has a diagnosis of chronic thoracic pain, L knee internal derangement post arthroscopic surgery, depression/anxiety and insomnia. Medical reports reviewed. Last report available until 11/24/14. Patient's pain issues were reviewed and objective exam were reviewed. Patient has mid-upper back and knee pain. Patient is constipated on his medications. Medications include Nucynta, Cymbalta, Flector, Naprosyn and Zantac. Independent Medical Review is for DSS sodium 250mg #30 with 1 refill. Prior Utilization Review on 12/8/14 recommended modification.

### 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 DSS Sodium 250mg #30 with 1 refill.:** Overturned

**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): 77.

**Decision rationale:** Docusate/DSS is a medication used for constipation. As per MTUS Chronic pain guidelines, patient's on chronic opioid use should be placed on constipation prophylaxis. Patient is chronically on Nucynta and has complaints of constipation. Patient has chronic pain and is not likely going to suddenly stop requiring opioid therapy. A single additional refill is appropriate. DSS is medically necessary.