

Case Number:	CM15-0112517		
Date Assigned:	06/19/2015	Date of Injury:	02/05/1993
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 58-year-old woman who sustained an industrial injury on 2/5/1993 which resulted in chronic lower back and bilateral knee pain with numbness over both feet. She was diagnosed with a disc disorder of the lumbar region, and subsequently, lumbar radiculopathy and post lumbar laminectomy syndrome. Treatments have included lumbar laminectomy, spinal fusion, caudal epidural, physical therapy, lumbar brace, analgesics, and long-term use of opioid medication resulting in constipation and gastrointestinal distress for which she is prescribed Docusate Sodium. Treatments have resulted in her reporting some relief in pain, but she continues to report chronic pain and constipation. Treating physician's plan of care includes home exercises, weight loss, potential spinal fusion, and potentially tapering opioids while continuing Docusate Sodium. The injured worker is not working at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate sodium 250 mg 1 tab 2 x a day #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>.

Decision rationale: Pursuant to drugs.com, Docusate sodium 250 mg 1 tab 2 x a day #60 with 3 refills is not medically necessary. Docusate (Colace) is used to relieve occasional constipation and prevent dry, hard stools. Colace is a stool softener. In this case, the injured workers working diagnoses are disk disorder lumbar; lumbar radiculopathy; and post lumbar laminectomy syndrome. The date of injury is February 5, 1993 (22 years ago). The earliest progress note in the medical record is dated February 3, 2015. The documentation (according to the UR) indicates the injured worker has been using multiple opiates for many years. Subjectively, according to the May 5, 2015 progress note, there is no documentation of constipation. The utilization review states weaning is recommended for opiates and certified a one month supply, but no refills. Notably, the injured worker had positive urine drug toxicology screens for cocaine on two occasions. Multiple opiates were continued despite the inconsistent UDS. There is no documentation of objective functional improvement associated with ongoing Docusate sodium 250 mg. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and recommended weaning of all opiates, Docusate sodium 250 mg 1 tab 2 x a day #60 with 3 refills is not medically necessary.