

Case Number:	CM15-0119577		
Date Assigned:	06/30/2015	Date of Injury:	06/15/2011
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial injury on 06/15/2011. The injured worker reported sustaining an injury secondary to lifting cases of product. The injured worker was diagnosed as having unspecified thoracic/lumbar neuritis and lumbago. Treatment and diagnostic studies to date has included status post three epidural steroid injections, medication regimen, home exercise program, and use of a cane. In a progress note dated 05/20/2015 the treating physician reports numbness, tingling, and weakness to the bilateral legs with the right worse than the left, pain to the right knee, shoulder pain, and headaches. The injured worker also had associated complaints of stomach and psychiatric symptoms. Examination reveals a decreased range of motion to the spine, tenderness to the lumbar region, decreased sensation to the right lumbar four to five, and an antalgic gait. The injured worker's current medication regimen included Gabapentin, Zanaflex, Ibuprofen, stool softener, Prilosec, topical lotion, Xanax, Temazepam, Zolof, Buspar, Prazosin, and Trazadone. The treating physician requested Docusate 100mg three times daily with a quantity of 90 with one refill with the treating physician, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate 100mg three times daily quantity 90 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for review the low back pain. When seen, there was an antalgic gait and positive right straight leg raise. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. He has a history of NSAID induced gastritis. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, Norco is being prescribed on a long term basis. He has a history of gastrointestinal upset due to gastritis but there is no report of opioid induced constipation. Therefore, the request for docusate was not medically necessary.