

Case Number:	CM15-0121605		
Date Assigned:	07/02/2015	Date of Injury:	07/27/2011
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 29 year old male, who sustained an industrial injury on July 27, 2011. He reported injury related to repeated lifting at a gardening center. The injured worker was diagnosed as having right elbow sprain, right ulnar neuritis, right carpal tunnel syndrome, double crush syndrome, cervical radiculopathy, and neurovascular thoracic outlet syndrome with double (triple) crush injury. Treatments and evaluations to date have included acupuncture, x-rays, cervical spine surgery, physical therapy, rest, epidural steroid injection (ESI), and medication. Currently, the injured worker complains of pain about the upper back and neck, more on the right than the left, with low back pain and depression. The Primary Treating Physician's report dated June 5, 2015, noted the injured worker described his pain range as 3-6/10, improved with rest, medications, and therapy. The injured worker was noted to have mid and upper back painful and tender suggestive of a fibromyalgia secondary type picture, not currently working. The injured worker's current medications were listed as Seroquel, Metoprolol Tartrate, Colace, Clonidine HCL, Miralax, Fibercon, Trazodone, Oxycontin, Pristiq, Alprazolam, and Percocet. Physical examination was noted to show the injured worker with a depressed mood, a tender right medial elbow at the cubital tunnel with positive elbow flexion test and discomfort, right fourth and fifth fingers with numbness and tingling, and positive Tinel's at the elbow into the fourth and fifth fingers. The injured worker was noted to have multiple tender points about the upper back, especially the right and shoulder blade area, nor completely concordant with all the fibromyalgia tender points. A five panel urine drug screen (UDS) was performed and was consistent with use. The treatment plan was noted to include renewal of Alprazolam, Percocet, Oxycontin, Clonidine HCL, Colace, Pristiq, Trazodone, Lexapro, and Seroquel, with a new request for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100mg #90, refill 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, opioid induced constipation treatment.

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

Decision rationale: CA MTUS guidelines are silent on this issue; ODG states that first-line treatments be implemented when prescribing an opioid to prevent constipation, including increased physical activity, maintaining appropriate hydration, and following a proper diet with increased fiber. In this case there is no indication in the records submitted that the patient has tried and failed first-line therapy options to support the medical necessity of the Docusate Sodium. He is also on Miralax and Fibercon for constipation. The patient's problems with constipation would likely resolve if he discontinued opioid medications. This request is deemed not medically necessary.