

<b>Case Number:</b>	CM15-0126953		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female who sustained an industrial injury on 04/22/2009. Mechanism of injury occurred when boxes fell down and struck her on the head. Diagnoses include chronic pain syndrome, brachial neuritis or radiculitis, other pain disorder related to psychological factors, cervicgia, other back symptoms, and lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostic studies, medications, epidural steroid injections, acupuncture, and use of a home traction unit, Toradol injections, massage therapy and a gym membership. Her medications include Docusate Sodium, Prilosec, Orphenadrine, Fenoprofen Calcium Topamax, Norco, Geodon, and Wellbutrin SR. There is an unofficial report of a Magnetic Resonance Imaging of the cervical spine which shows central stenosis at C5-6 and moderated left neural foraminal stenosis at C6-7 associated with osteophytic spurring. A physician progress note dated 06/03/2015 documents the injured worker complains of neck and bilateral upper extremity pain. She feels her right upper extremity and neck pain has been increasing this last week. She has occipital headaches daily. There is concordant facet loading at C3-C4, C4-C5. She rates her pain as 6 out of 10. For the last 4 months she has had new radicular daily pain in the left shoulder and upper extremity with paresthesias in the left wrist and hand on an intermittent basis. Cervical spine range of motion is restricted and painful. There is tenderness to palpation in the paracervical muscles and trapezius. Treatment requested is for 60 tablets of Docusate Sodium 100 mg with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Docusate Sodium 100 mg with 3 refills:** Overturned

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

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

**Decision rationale:** The patient presents with pain affecting the neck and right upper extremity. The current request is for 60 tablets of Docusate Sodium 100mg with 3 refills. The treating physician states in the report dated 6/3/15, "Prescription: Docusate Sodium 100mg Cap SIG: bid QTY: 60.00 Ref. 3". (30B) The MTUS guidelines state, "Prophylactic treatment of constipation should be initiated." In this case, the treating physician documents that the patient is taking Norco and has experienced some constipation. The current request is medically necessary.