

<b>Case Number:</b>	CM15-0063859		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	12/21/1971
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old [REDACTED] who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression and anxiety reportedly associated with an industrial injury of December 21, 1971. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for Colace, a stool softener. A RFA form dated January 3, 2015 and a progress note of February 23, 2015 were referenced in the determination, along with non-MTUS ODG Guidelines. The claims administrator did acknowledge that the applicant was using opioid medications and seemingly suggested that the applicant had personally reported issues with constipation associated with the same. The applicant's attorney subsequently appealed. In January 14, 2015 progress note, the applicant reported 9/10 low back pain. The applicant had comorbid diabetes, it was acknowledged. The applicant was on Dilaudid for pain relief. The applicant's medications included Dilaudid, Lomotil, Colace, Metformin, MiraLax, Prilosec, Phenergan, Valium, and Ambien, it was acknowledged. The applicant was using a cane to move about. Multiple medications were renewed, including Ambien, Valium, and Dilaudid. In a later note dated February 23, 2015, the applicant was again described as using Dilaudid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stool softener softgel (docusate sodium) 100 mg, take one twice daily as needed:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

**Decision rationale:** Yes, the request for docusate sodium (Colace), a stool softener, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was using Dilaudid, an opioid agent, and, per the claims administrator, had personally experienced symptoms of constipation associated with the same. Ongoing usage of docusate sodium (Colace) was, thus, indicated here. Therefore, the request was medically necessary.