

Case Number:	CM15-0078229		
Date Assigned:	04/29/2015	Date of Injury:	03/17/1998
Decision Date:	06/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 55-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 17, 1998. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve a request for docusate-Colace. The claims administrator referenced an RFA form dated April 3, 2015, and an associated progress note of March 13, 2015, in its determination. The applicant's attorney subsequently appealed. In a progress note dated February 20, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was using Duragesic, it was acknowledged. The applicant did have residual issues with neck pain and associated upper extremity pain. The applicant had undergone earlier failed cervical spine surgery and multiple carpal tunnel release surgeries, it was acknowledged. The applicant's medications included Flexeril, Celebrex, Senna, Protonix, Cymbalta, Lunesta, MiraLax, Voltaren gel, fentanyl, aspirin, ramipril, Inderal, metformin, Lipitor, doxepin, Lexapro, Xanax, hydrochlorothiazide, Plaquenil, and Reglan. It was not clearly stated when the applicant's medications had last been updated. Multiple medications and permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. On March 6, 2015, Duragesic was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOK Plus 8.6-50mg 30 day supply Qty: 90 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation DailyMed - DOK PLUS- docusate sodium and sennosides ...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=8bb66fe4-e216...Label: DOK PLUS- docusate sodium and sennosides tablet. Label RSS; Share. :DOK PLUS TABLETS 50/8.6 mg.

Decision rationale: Yes, the request for Dok-Plus was medically necessary, medically appropriate, and indicated here. Per the National Library of Medicine (NLM), Dok-Plus is an amalgam of docusate sodium and Senna, i.e., an amalgam of a stool softener and a laxative agent. Page 77 of the MTUS Chronic Pain Medical Treatment Guidelines notes that prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was/is using Duragesic, an opioid agent. Prophylactically providing the applicant with a laxative agent was indicated in the face of the applicant's continued consumption of opioids. Therefore, the request was medically necessary.