

Case Number:	CM14-0150753		
Date Assigned:	09/19/2014	Date of Injury:	04/17/2009
Decision Date:	11/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.H

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 4/17/09 while employed by [REDACTED]. The request under consideration includes Docusate QHS PRN #60 and Prilosec 20mg QD #30. The diagnoses include cervical strain/sprain; right-sided neck pain rule out facet arthropathy; and low back pain with radicular symptoms to left lower extremity s/p discectomy in 2011 and fusion of L3-S1 in 2012. Report dated 8/8/14 from the provider noted the patient with ongoing chronic neck and low back pain with radiation to the left leg and right shoulder rated at 8-9/10. Exam of cervical spine showed paracervical muscle tenderness on right, over trapezius; with limited range; lumbar spine with well-healed midline scar; paravertebral muscle spasm; tenderness over PSIS; limited range; positive SLR on left; decreased sensation over left L4, L5, and S1 dermatomes; DTRs 2+ with 5/5 motor strength in lower extremities. Medications list Norco, Gabapentin, Ambien, and Prilosec. Treatment included medication refills. The request for Docusate QHS PRN #60 and Prilosec 20mg QD #30 was non-certified on 8/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate QHS PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Initiating Therapy and Long-term users of Opioids; Prophylactic treatment of constipation.

Decision rationale: Docusate Sodium is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication. The Docusate QHS PRN #60 is not medically necessary and appropriate.

Prilosec 20mg QD #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Prilosec 20mg QD #30 is not medically necessary and appropriate.