

<b>Case Number:</b>	CM13-0023642		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Occupational Medicine 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.

### 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 patient has submitted a claim for chronic low back pain associated with an industrial injury date of 08/08/2002. Treatment to date has included a two-level anterior/posterior lumbar fusion at L2-L3 and L3-L4 on June 2003, right L4-L5 laminectomy with lateral recess decompression with discectomy in May 2013, epidural steroid injection, physical therapy and oral medications. Medical records from 2012 to 2013 were reviewed. The most recent progress report available for review is dated 09/20/2013 and stated that the patient was still complaining of low back pain with numbness and weakness to the right foot. Norco 10/325 tablets, 1 tablet up to 5 times daily decreases his pain level from a severity of 7/10 to 4-5/10. Physical examination showed tenderness at the lumbar spine. He was ambulating in a slow manner. MRI of lumbar spine, dated 08/16/2012, showed right posterolateral and foraminal protrusion 4-5mm at the L4-L5 level with moderately severe right subarticular and right foraminal stenosis. Solid fusion with intact hardware at L2-L3 and L3-L4. Repeat radiologic examination on 03/20/2013 revealed status post fusion from L2-L4 with stable hardware and incorporation of the L2-3 and L3-4 disc grafts. Current treatment plan includes continuing the following medications: Norco 10/325 mg tablet five times daily, Senokot-S, and Sumatriptan 50mg/tablet, 1 tablet at the onset of headache.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLACE 100 MG #120:** Overturned

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is the stool softener most widely used in palliative care. It acts to increase secretions in the gastrointestinal tract, as well as absorption of these secretions by hard stool. In this case, the patient has been on chronic opioid therapy since at least October 2012, which was the earliest progress note available for review. Prophylactic treatment for constipation is provided for by applicable guidelines. Therefore, the requested Colace 100mg #120 is medically necessary and appropriate.