

<b>Case Number:</b>	CM13-0038876		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 64-year-old female who reported an injury on 09/02/2011. The patient is diagnosed with bilateral knee internal derangement, cervical spine sprain/strain with degenerative disc disease, lumbar spine sprain/strain with degenerative disc disease, thoracic spine sprain/strain and left shoulder sprain/strain. The patient was recently seen by [REDACTED] on 10/02/2013. The patient reported persistent left shoulder pain. Physical examination revealed difficulty rising from a sitting position, stiffness and normal gait. Treatment recommendations included a right knee surgery, lumbar epidural steroid injection and the continuation of current medications, including Toradol, Toprophan, Colace and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for prescription of Colace 100mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009

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

**Decision rationale:** The California MTUS Guidelines state a prophylactic treatment of constipation should be initiated along with opioid therapy. The Official Disability Guidelines state opioid-induced constipation treatment is recommended. First-line treatment includes increasing physical activity, maintaining appropriate hydration and advising the patient to follow a proper diet that is rich in fiber. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report abdominal discomfort, constipation and gastritis. There is no evidence of a failure to respond to first-line treatment as recommended by the Official Disability Guidelines. Based on the clinical information received, the request is non-certified.