MAXIMUS Federal Services

Case Number:	CM13-0042500		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2011
Decision Date:	04/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 60 year old male with a date of injury of 8/27/2011. The injured worker's diagnoses include L3-5 decompressive laminectomy, foraminotomy, facetectomy, cervical strain, myofascial pain, and lumbar radiculopathy. The documentation includes an addendum to the Independent Medical Review application which indicates that the prescribing physician was written for Colace since 3/21/12 for constipation caused by medications. The utilization review determination denied the colace in a letter dated 10/15/2013. The stated rationale was that there was a lack of documentation of constipation or irregularity in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100MG #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Colace is not specifically addressed in the California Medical Treatment and Utilization Schedule. Section Â§9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize

treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." Colace is a stool softener that is indicated for patients experiencing constipation. In the case of this injured worker, there is documentation of chronic narcotic use for pain. Furthermore, the patient has a history of neurogenic claudication and underwent laminectomy and "regained full bowel and bladder function" according to a note on 11/5/2012. Since that time, the patient continues on narcotic pain medications, and in an agreed medical evaluation on 6/25/2013 the patient is noted to be taking Norco 6 times per day but there is no bowel or bladder difficulty. In more recent progress notes, there is indication that the patient is taking Colace 3 to 4 times per day, but there is no documentation of efficacy or need for this medication. There is no commentary on the stool patterns of this patient. Given this lack of documentation, this request is recommended for non-certification.