

Case Number:	CM13-0068738		
Date Assigned:	01/03/2014	Date of Injury:	07/02/2002
Decision Date:	05/27/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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 New York and North Carolina. 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 57 year old employee-claimant states she was injured 7/2/2002 in a slip and fall incident, and now suffers from chronic low back pain following surgical treatment, including fusion L4-S1 and subsequent hardware removal. She is on chronic opioids and her treating provider is requesting 4 months of Colace 100 mg - two per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF COLACE 100MG #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Initiating Therapy Page(s): 77.

Decision rationale: Chronic Pain Medical Treatment Guidelines, Opioids-Initiating Therapy, the Colace is needed for on-going opioid side effect management. The opioid in question, Norco, had not been approved while awaiting information about how the medication makes the patient more functional. The approval for colace is dependent on the ongoing use of Norco. With the narcotic not being certified, it is more appropriate to approve only enough colace to allow the

patient to wean from the Vicodin. The request for one month of Colace, with three refills, is not medically necessary and appropriate.