

Case Number:	CM13-0072060		
Date Assigned:	01/08/2014	Date of Injury:	05/03/2005
Decision Date:	08/25/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/30/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 3, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of cognitive behavioral therapy; multiple psychotropic medications; anxiolytic medications; and stimulant medications. In a Utilization Review Report dated November 27, 2013, the claims administrator denied a request for Colace, stating that the applicant did not have evidence of constipation which would support provision of the same. Despite the fact that the MTUS addresses the topic, the claims administrator nevertheless invoke, Non-MTUS ODG Guidelines. The claims administrator did acknowledge that the applicant was using multiple opioids, however. In a medical-legal evaluation dated December 4, 2013, it was acknowledged that the applicant was using Neurontin, Norco, Tizanidine, Motrin, Effexor, Adderall, Ativan, and Seroquel. In a progress note dated November 14, 2013, the applicant was described as having chronic low back pain status post failed lumbar spine surgery. The applicant was asked to continue Percocet, Neurontin, Duexis, and Zanaflex. Colace was refilled. The applicant was asked to follow up with her psychiatrist for psychotropic medications. A shot of intramuscular Toradol was given an acute flare of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250mg bid: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ROBERTS PHARMACEUTICAL.

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

Decision rationale: As noted on page 77 of the MTUS Chronic Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants concurrently using opioids. In this case, the applicant does appear to be using Percocet, an opioid analgesic. Concurrent provision of Colace, a laxative/stool softener, is therefore indicated, appropriate, and supported by page 77 of the MTUS Chronic Medical Treatment Guidelines. Therefore, the request is medically necessary.