

<b>Case Number:</b>	CM14-0000981		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 51 year old female who sustained an injury on 06/20/00. No specific mechanism of injury was noted. The injured worker was followed for complaints of pain in the bilateral shoulders right worse than left. The injured worker had prior right shoulder rotator cuff repair in 2011. Despite recent physical therapy, the injured worker had persistent pain in the right shoulder which had not improved with anti-inflammatories or analgesics. The clinical record from 12/09/13 noted continued loss of range of motion in the right shoulder with tenderness to palpation over the acromioclavicular joint. Markedly positive impingement signs in the right shoulder were noted. Recommendations were for decompression and debridement of the right shoulder with revision distal clavicle excision and evaluation of rotator cuff for possible repair. The requested post-operative Colace 100mg, quantity 10 was part of a multi request utilization review from 12/24/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POSTOPERATIVE COLACE 100MG #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts Pharmaceutical (2004) Colace Oral, Colace, Dialose, DSS, Surfak (Docusate Sodium).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference 67th Ed (2013).

**Decision rationale:** In regard to the requested post-operative Colace 100mg quantity 10, the clinical records submitted for review did not provide any indication that surgery as planned for this injured worker had been approved. Furthermore, there was no post-operative assessment identifying the development of constipation that would require the use of Colace. Therefore, the request is not medically necessary and appropriate.