

Case Number:	CM14-0102486		
Date Assigned:	09/16/2014	Date of Injury:	06/02/2010
Decision Date:	11/07/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 June 2, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; anxiolytic medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 28, 2014, the claims administrator denied a request for Colace. The claims administrator noted that the applicant was using six Dilaudid a day but went on to deny Colace, invoking non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. In a June 11, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was given prescriptions for Dilaudid, Valium, Colace, and Wellbutrin. The applicant's work status was not specifically stated, although the applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter, Opioid Induced Constipation

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initial of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is reportedly using six Dilaudid a day. Prophylactic provision of Colace, a laxative/stool softener, is indicated to combat any symptoms of constipation which may arise as a result of opioid therapy with Dilaudid. Therefore, the request is medically necessary