

Case Number:	CM14-0103826		
Date Assigned:	07/30/2014	Date of Injury:	12/27/2008
Decision Date:	09/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 52 year old female with a work injury dated 12/27/08. The diagnoses include cervical spine disc disease; cervical radiculopathy; left shoulder impingement syndrome; status post left shoulder arthroscopy in January 2011; bilateral carpal tunnel syndrome; lumbar spine disc disease; lumbar radiculopathy; right foot internal derangement. Under consideration is a request for Colace 100mg #60. There is a 6/4/14 document that states she is currently on Norco and topical creams. She reports constipation as side effect of her medication. She is also doing home exercise program. Examination of the cervical spine reveals positive Spurling's and Hoffman's tests on the left and negative on the right. Cervical compression test is positive bilaterally. All the remaining orthopedic tests are negative bilaterally. Sensory examination in the upper extremities reveals diminished sensation over the left C6 and C7 dermatomes. Deep tendon reflexes are +1 at the brachioradialis and triceps on the left. A 3/26/14 document states that her current medications include Norco #30, which she did not get and topical creams that were denied.

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 Literature published by the drug manufacturer,

Roberts Pharmaceutical (2004) Colace Oral, Colace, Dialose, DSS, Surfak (docusate sodium) is a stool softener indicated for treatment of constipation.

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

Decision rationale: The recent documentation indicates that the patient is taking Norco. The guidelines recommend prophylactic treatment of constipation while on opioids. The request for Colace 100mg #60 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines.