

<b>Case Number:</b>	CM14-0111028		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/06/1996
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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, has a subspecialty in Pain Med and Manipulation 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 patient is a 53 year old male who sustained an industrial injury 9/6/1996. The patient has undergone multiple lumbar spine surgeries, most recent lumbar fusion revision in 2013. The patient presented for a pain management follow up on 5/20/14 for ongoing low back pain rated 7/10. Current medications include opioids and Colace. Opioids were prescribed, and Colace 100 mg #240 was dispensed. UR dated 6/25/14 reviewed the 5/20/14 report and recommended to non-certify the request for Colace 100 mg #240. The prior peer reviewer noted that a concurrent request for opioids were deemed not medically necessary. The peer reviewer stated that as Colace is intended to be utilized in conjunction with the opioid use, its continued use at this point is similarly not warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO Colace 100MG #240 dates of service 6/25/2014-6/25/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

**Decision rationale:** The patient is noted to be on a significantly high opioid medication regimen. A side effect of opioids is constipation which would require a stool softener. The request for Colace is medically necessary.