

Case Number:	CM14-0130043		
Date Assigned:	08/20/2014	Date of Injury:	12/26/2006
Decision Date:	10/01/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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 Internal 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 patient is a 46 year old male who was injured on 12/26/2006. The mechanism of injury is unknown. Prior medication history included Senokot, Colace, Pristiq, Lyrica, trazodone, and Norco. The patient underwent The patient has had a lumbar fusion, right-sided decompression, laminectomy under microscopy visualization at L4-L5; right-sided release of nerve roots and partial medial facetectomy, L4-L5 on 03/19/2013. On progress note dated 01/13/2014, the patient notes constipation from medications he is taking for his low back pain. It noted the patient manages with fiber and water and his constipation is under control with Colace and Senokot. There are no other findings submitted for review. Prior utilization review dated 07/18/2014 states the request for Colace 100mg #60 is denied as it is not documented that the patient is suffering from constipation.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: <http://www.webmd.com/drugs/2/drug-323/docusate-sodium-oral/details>

Decision rationale: The guidelines recommend Colace as an option for constipation. Colace is a relatively safe medication and has been shown to be beneficial for constipation. The clinical documents state the patient has been taking Colace with success and control of his constipation. The documents did not identify any concerning side effects or adverse effects from the Colace. At this time discontinuing Colace may cause severe constipation and other medical complications. A trial off Colace would be recommended when the patient discontinues other constipation promoting agents. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.