MAXIMUS Federal Services

Case Number:	CM14-0131221		
Date Assigned:	09/16/2014	Date of Injury:	01/05/2009
Decision Date:	10/17/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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:

Patient is a 35-year-old male who has submitted a claim for, s/p right knee arthroscopic surgery and right knee pain secondary to internal derangement, associated with an industrial injury date of 01/05/09. Medical records from December 2013 to September 2014 were reviewed. The patient underwent right knee arthroscopic surgery on June 16, 20099. Treatment included bracing crutches, and medications, to which the patient responded well. There were no allergies or difficulties noted. It was noted that the patient has been taking Norco since at least September of 2013. Patient also had physical therapy. Home exercise program has been instructed. There was no data available for physical examination.Treatment to date has included Norco, Neurontin, Butrans, Relafen, Vicodin, Darvocet, Tylenol, Cymbalta, Docuprene, bracing, crutches, physical therapy, and home exercise program.Utilization review from July 28, 2014 denied the request for Colace 100mg #120 BID. Patient denied adverse effects with several opioid medications. There was also no mention of any history of constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #120 BID: Overturned

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: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INITIATING THERAPY Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration, Colace

Decision rationale: According to page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated among patients on opioid therapy. The FDA states that Sodium Docusate, the active ingredient in Colace, is indicated for the short-term treatment of constipation, for prophylaxis in patients who should not strain during defecation, to evacuate the colon for rectal and bowel examinations, and for prevention of dry, hard stools. In this case, the patient is prescribed Colace prophylactically because of chronic use of several opioid medications since at least September of 2013. There was no reported adverse effects and the patient seemed to have been responding well with the pain medications. Therefore, the request for Colace 100mg #120 BID is medically necessary.