

Case Number:	CM14-0154039		
Date Assigned:	09/23/2014	Date of Injury:	01/28/2009
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 injured worker is a 64-year-old male who reported an injury on 01/28/2009. The mechanism of injury was not provided. On 04/15/2014, the injured worker presented with neck, arm, back, and left leg pain. Current medications included tramadol, Flexeril, docusate, and Senna. Upon examination of the cervical spine, there was tenderness noted over the cervical spine midline and paraspinal muscles and trapezii bilaterally. There was tenderness noted to light touch over the cervical spine midline and paraspinal. There was tenderness in the trapezius bilaterally. There was dysesthesia, tingling to light touch sensation in the thumb, index, and long fingers on the left side. The injured worker had a positive Tinel's at the elbow and the wrist over the median nerves and ulnar nerves bilaterally. There was tenderness over the gluteus bilaterally or on the SI joints, sacrum, and coccyx. The straight leg raise test causes discomfort bilaterally. There was diminished sensation in the posterior legs and intact motor strength in the lower extremities. The diagnoses were lumbar degenerative disc disease, lumbar facet arthropathy, lumbar radiculopathy, SI joint dysfunction, cervical degenerative disc disease, cervical radiculopathy, bilateral upper extremity paresthesia with normal EMG, myofascial pain, dyspepsia related to reflux, and history of gallstones. The provider recommended Colace 100 mg. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, #120 with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Colace 100mg quantity 120 and 3 refills is not medically necessary. The California MTUS Guidelines recommend Colace for constipation. The injured worker has symptoms of constipation secondary to narcotic use. The assumption is that the injured worker will continue to have constipation with continued use of narcotics and would support the use for Colace. However, the concurrent request for Senna and docusate would not warrant an additional medication for the same symptoms. There would be no need for 2 medications for the same complaint at this time. As such, the medical necessity has not been established.