

<b>Case Number:</b>	CM14-0172100		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/11/2010
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 54 year old male with an injury date of 01/10/10. The 09/23/14 report by ■■■ states that the patient presents with shooting pains along the ulnar aspect of the wrist and hand without numbness or tingling. The report states the patient is on temporary total disability through 12/15/14. Examination shows mild swelling of the right wrist with no erythema or warmth, and incisions are healing well. The patient's diagnoses include: Status post right wrist arthroscopy with TFCC debridement and perilunate stabilization and pinning. (09/15/14)Right elbow lateral epicondylitisRight thumb IP arthritisHistory of right thumb interphalangeal joint fracture many years agoRight Thumb flexor tenosynovitisChronic right wrist FCR tendinitisStatus post right wrist flexor carpi radialis tenosynovectomy with open carpal tunnel release (04/20/12)Status post right wrist flexor carpi radialis tenosynovectomy (06/22/11)Medication is listed as Vicodin. The utilization review being challenged is dated 10/09/14. The rationale is that MTUS recommends prophylactic treatment of constipation of opioid use but there is no documented opioid use or documentation of constipation or other indications of the medication. Reports were provided from 04/22/14 to 10/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 240mg #20:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Institute of Health, National Library of Medicine [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov)

**Decision rationale:** The patient presents with shooting pains along the ulnar aspect of the wrist and hand status post right wrist arthroscopy (09/15/14). The treater requests for Colace (Docusate sodium) 240 mg #20. The reports provided indicate the patient is starting this medication. MTUS Criteria for use of opioids page 77 under initiating therapy states, "Prophylactic treatment of constipation should be initiated." MTUS and ODG do not address this medication. The National Institute of Health, National Library of Medicine [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov) states the following about this medication, "relives occasional constipation (irregularity)." In the 09/23/14 treatment plan the treater states, "I have given a prescription for Colace, as he has had some constipation with his pain medication." In this case, the patient is documented for (Vicodin-Hydrocodone) opioid use, the treater notes constipation in the patient with pain medication, the medication is indicated for constipation and MTUS recommends prophylactic treatment of constipation with opioid use. The request is medically necessary.