

Case Number:	CM14-0032787		
Date Assigned:	06/20/2014	Date of Injury:	11/03/1992
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 71-year-old male with an 11/3/92 date of injury. At the time (2/10/14) of request for authorization for 1 prescription for Colace. There is documentation of subjective (continued severe low back pain with stiffness and spasm and radiation to the bilateral lower extremities with weakness, numbness, and tingling; and difficulty with activities of daily living). There is also objective (decreased lumbar range of motion, tenderness to palpation over the paravertebral muscles with spasms, and decreased sensation over both lower extremities). Findings: current diagnoses (lumbar spine spondylosis), and treatment to date (ongoing therapy with Colace and Hydrocodone since at least 8/26/13).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Colace: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Colace.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Initiating therapy Page(s): 77.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-

Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. Within the medical information available for review, there is documentation of a diagnosis of lumbar spine spondylosis. In addition, given documentation of ongoing treatment with Colace and Hydrocodone since at least 8/26/13, there is documentation of a diagnosis/condition for which Colace is indicated (prophylactic treatment of constipation secondary to chronic opioid therapy). Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Colace is medically necessary.