

<b>Case Number:</b>	CM14-0051878		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Family Practice and is licensed to practice in Arizona. 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:

This is a 47-year-old female with date of injury on 01/05/2010. The diagnoses given in the medical records include abdominal pain acid reflux hypertension chest pain due to sarcoidosis and sleep disorder. Orthopedic records of 04/01/2014 describe cervical spine pain, lumbar spine pain and bilateral wrist pain. The patient apparently had carpal tunnel release surgery on 10/04/2013. The patient is not on medications per the 04/01/2014 office visit per [REDACTED] records. On 12/03/2013 [REDACTED] describes the use of Norco an opiate analgesic but this medication is recorded in April as no longer being utilized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Docusate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS advocates the use of prophylactic treatment of constipation in patients with chronic pain using opiate analgesia. There is no indication for current use of Colace as this patient is not using chronic opiate medication per the listed medications given in his medical record. Therefore, the request is not medically necessary.

