

<b>Case Number:</b>	CM14-0066497		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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, 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 58-year-old male with a date of injury of 04/12/2012. The listed diagnoses per [REDACTED] are: 1. Low back pain. 2. Knee pain. 3. Pain in joint and lower leg. 4. Hip pain. 5. Lumbar radiculopathy. According to progress report 05/09/2014, the patient presents with lower back ache and left hip pain. He rates his pain with medication as 3/10 on a pain scale of 1 to 10. Without medication, pain is 7/10. The patient reports no new problems or side effects with current medication intake. The patient's current medication regimen includes Colace 100 mg, Neurontin 600 mg, ibuprofen 800 mg, Senokot 187 mg, Wellbutrin XL 300 mg, trazodone 50 mg, oxycodone 10 mg, and Norco 10/325 mg. Treater is requesting a refill of Colace 100 mg for patient's opioid-induced constipation. Utilization review denied the request on 05/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg capsules 10's:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Library of Medicine and Official Disability Guidelines (ODG) Initiating Therapy, that Prophylactic treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** This patient presents with lower back ache and left hip pain. The treater is requesting a refill of Colace 100 mg 1 b.i.d. daily as needed for opioid-induced constipation. Utilization review denied the request stating, "As the opiates are not medically necessary, there would be no indication for the use of Colace for opioid-induced constipation." The California Medical treatment Utilization Schedule (MTUS) Guidelines page 76 and 78 discussed his prophylactic medication for constipation when opiates are used. In this case, review of the medical file indicates the patient has been taking opioids on a long-term basis. Treatment is medically necessary and appropriate.