

Case Number:	CM14-0086268		
Date Assigned:	07/23/2014	Date of Injury:	10/19/2012
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 26-year-old male who reported an injury due to cumulative trauma on 11/2010 through 10/19/2012. The injured worker's diagnoses are right inguinal hernia, constipation secondary to NSAIDs controlled with laxatives and softeners and status post hernia repair. The injured worker's past treatments included medication management. The injured worker's prior diagnostics include a sonogram of the testes with an impression epididymal cyst 0.70 cm x 0.74 cm in the right testicle. The injured worker's surgical history included a right inguinal hernia repair dated 03/28/2014. The injured worker complained of pain to right inguinal hernia rated 5/10 on 05/22/2014 along with constipation the injured worker reported that his constipation being controlled with medication. On physical examination dated 05/22/2014, there was notable swelling in the right groin. There was 2-3 erythema and swelling as well as tenderness to palpation. The injured worker's medications were Colace, Citrucel and Ultram. The injured worker's treatment plan is for the request of Citrucel #180 and Colace #90, 100mg. The rationale for the request was not submitted with documentation. The Request for Authorization Form was dated 05/22/2014 was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citrucel #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methylcellulose <http://www.drugc.com/mtm/citrucel.html> Page(s): 79-81.

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

Decision rationale: The request for Citrucel #180 is not medically necessary. According to the California MTUS Guidelines prophylactic treatment of constipation should be initiated. The most current clinical there was documentation of the injured worker reporting that his constipation is controlled with medication. Although there was documentation that the medication has been effective for the patient, the request failed to include the frequency of the medication. As such, the request for Citrucel #180 is not medically necessary.

Colace #90 100mg: 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)-FDA.

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

Decision rationale: The request for Colace #90, one hundred mg is not medically necessary. According to California MTUS it is recommended that prophylactic treatment of constipation be initiated. According to clinical documentation and the medical records, the injured worker reports that his constipation is controlled with medication. Although the medication has been effective for the patient for constipation, the request failed to mention the frequency of the medication. As such, the request for Colace #90, 100 mg is not medically necessary.