

<b>Case Number:</b>	CM14-0091258		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employer was a 52 year old male who sustained an industrial injury on 09/24/12. The mechanism of injury was slipping and striking his left knee. He was status post left knee arthroscopy and partial meniscectomy in March 2013. He also had pain in his lumbar spine and right knee pain due to limping. He also had a prior history of right knee surgery 9 years prior. His treatment included physical therapy. An MRI of the lumbar spine done on 09/27/13 revealed dessication of the lower lumbar discs without evidence of nerve root impingement. His medications included Norco, Motrin, Protonix and Fexmid. The progress note from 04/29/14 was reviewed. Subjective complaints included bilateral knee pain, lumbar spine pain rated at 8/10. Pain was radiating to the mid back and upper back. On examination he was noted to have antalgic gait, diffuse tenderness on palpation over the lumbar paraspinal muscles, moderate facet tenderness along L4-S1 levels, limited lumbar spine range of motion, positive patellar compression bilaterally, positive Lachman test and McMurray test on left side. The diagnoses included lumbar degenerative disc disease, lumbar facet syndrome, bilateral sacroiliac joint arthropathy and status post left knee arthropathy with residual. The plan of care included Norco, Motrin, Protonix, Flomax, Flexeril and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg, #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC 2012: Opioid- Induced Constipation Treatment

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment guidelines recommend prophylactic therapy for constipation while initiating Opioids. Colace is a stool softener. Since the employee is on Norco which can induce constipation, the request for Colace is medically necessary and appropriate.