

Case Number:	CM14-0098247		
Date Assigned:	07/28/2014	Date of Injury:	04/16/2001
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 59 year old male who was injured on 10/25/2001. The mechanism of injury is unknown. Prior medication history included Colace 100 mg, Senokot, Percocet 10/325, Miralax, Voltaren Gel, Lidoderm, and methadone 10 mg. A progress report dated 01/06/2014 documented the patient had complaints of right shoulder pain and rated it as a 4/10 with medication and 6/10 without it. It is noted he is taking medications as prescribed but mentions the patient does have side effects of dry mouth and constipation as a result of his medications. Constipation is said to be managed with medications. Patient was prescribed docusate, Senna and MiraLax at the time. Progress report dated 05/19/2014 states the patient presented with complaints of bilateral shoulder pain. His pain remains the same as on visit note dated 04/15/2013, he rated his pain as a 6/10. On exam, his right shoulder revealed normal range of motion. He has noted tenderness in the biceps groove. The left shoulder revealed tenderness in the glenohumeral joint. He is diagnosed with shoulder pain. He reported no side effects with the medications he is taking. He is recommended Colace for his constipation. Prior utilization review dated 06/05/2014 states Colace 100mg #180 with 5 refills is denied as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, #180 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain,
Opioid-induced constipation treatment.

Decision rationale: Colace is a laxative medication that is used to treat constipation, and works by softening the stool. Patient using opiates can experience constipation as a side effect of the medication. The patient is noted to have constipation in a note written on 1/6/14, and at the time was prescribed Colace, Miralax and Senokot. Since opiate induced constipation can be a serious condition resulting in ileus and potentially bowel obstruction, a stool softener such as Colace is medically warranted. In addition, various laxatives that work via different mechanisms of actions, such as bowel stimulants (Senna) and osmotic laxatives (Miralax) can be used concomitantly to treat difficult to control constipation. For all of the aforementioned reasons, the request for Colace is deemed medically necessary and request is certified.