

Case Number:	CM14-0098813		
Date Assigned:	07/28/2014	Date of Injury:	06/28/2000
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 51-year-old female who sustained a right hand injury on June 28, 2000 attributed to repetitive computer work. The records provided for review documented diagnoses of right shoulder pain, partial rotator cuff tear, labral tear, and acromioclavicular joint arthritis. The claimant underwent right shoulder arthroscopic debridement of the rotator cuff, biceps tenotomy, open biceps tenodesis, decompression, distal clavicle excision and open rotator cuff repair on September 12, 2011. The records also documented that the claimant had bilateral carpal tunnel releases with re-exploration of the right and left first dorsal compartment tenosynovectomy in 2002 as well as 2007. A December 24, 2013 Peer Review did not recommend a request for outpatient decompression, debridement, distal clavicle excision, possible labral repair, and possible rotator cuff repair as the claimant had developed reflex sympathetic dystrophy of the right upper extremity and cervical pathology. There are no recent or current clinical notes available for review. This request is for Colace 100 mg, one tablet twice a day, dispense #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, 1 capsule twice a day, # 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids-Therapeutic trial of opioids-Initiating Therapy-Prophylactic treatment of constipation should be initiated.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS: CRITERIA TO USE Page(s): 76-77.

Decision rationale: Based on the Chronic Pain Guidelines, the request for colace cannot be recommended as medically necessary. The medical records do not reflect that this claimant is on long term narcotics and is suffering from constipation or that the claimant has recent complaints of constipation which would necessitate a medication such as Colace. Therefore, based on the documentation presented for review, and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for Colace 100 mg, one tablet twice a day, dispense #10 cannot be considered medically necessary.