

Case Number:	CM13-0067705		
Date Assigned:	01/03/2014	Date of Injury:	11/27/2001
Decision Date:	12/04/2015	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on 11-27-2001. The injured worker was being treated for bilateral knee pain. Treatment to date has included diagnostics, right knee arthroscopy in 2010, left knee arthroscopy in 2006, and medications. On 12-03-2013, the injured worker complains of bilateral knee pain, rated 4 out of 10 with medication use and 9 without. She utilized Tramadol ER twice daily and used Colace for constipation. Exam of the knees noted tenderness to palpation, crepitus, and positive grind test. She received a Synvisc injection to the right knee. Work status was total temporary disability. The treatment plan included refill Colace 160mg, modified by Utilization Review on 12-11-2013 to Colace 160mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 160mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The request is for ongoing use of Colace, a stool softener, indicated for constipation. CA MTUS Guidelines supports the use of medications for opioid-induced constipation. This patient has been certified for ongoing use of Tramadol, a synthetic opioid, which has the known side effect of constipation. This patient has opioid-induced constipation, therefore the use of Colace is both medically necessary and appropriate.