MAXIMUS Federal Services

Case Number:	CM14-0144168		
Date Assigned:	09/12/2014	Date of Injury:	09/18/1991
Decision Date:	07/15/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 09/18/1991. On provider visit dated 08/13/2014 the injured worker has reported pain in right leg, bilateral buttocks, bilateral hips and bilateral low back. On examination of the lumbosacral spine was noted to have abnormal tenderness to palpation. The diagnoses have included chronic pain syndrome, chronic lumbar back pain, lumbar spine degenerative disc disease, psotlamainectionmy syndrome lumbar, status post arthrodesis- lumbar and depression and anxiety. Treatment to date has included medication Kadian, Oxycodone, Xanax, Cymbalta, Robaxin, Flector, Colace, Miralax, Lidoderm 5% patch and Voltaren gel. The provider requested Colace 100mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.Rxlist.com; www.odg-twc.com/odgtwc/formulary.htm; www.acoempracguides.org/lowback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

Decision rationale: Colace is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication. The Colace 100mg #60 with one refill is not medically necessary and appropriate.