

Case Number:	CM14-0169568		
Date Assigned:	10/17/2014	Date of Injury:	02/24/2009
Decision Date:	01/12/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 39 year old woman with a date of injury of 2/24/09. She was seen by her secondary treating physician on 6/5/14 and she was said to be working her normal shift - full duty, 6-8 hours per day, 5 days per week. She complained of generalized neck pain with radiation to her head, upper back and upper extremities as well as mid and low back pain with radiation to buttocks and feet. She denied bowel or bladder dysfunction. Her medications included Tylenol, 'thyroid medication' and 'high blood pressure' medication. Her exam showed restricted range of motion in her cervical, thoracic and lumbar spine with normal strength and reflexes. She had a right positive straight leg raise and diminished sensation to light touch in the L4 right distribution of the right lower extremity. She had bilateral positive shoulder depression. Her diagnoses were cervical, thoracic and lumbar spine sprain/strain and cervical/lumbar radiculopathy. At issue in this review is the request for Colace which appears to be a new prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts Pharmaceutical (2004), Colace Oral, Colace, Dialose, DSS, Surfak, (docusate sodium)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: Management of chronic constipation in adults.

Decision rationale: Colace (docusate) is a stool softener. In this injured worker, it is not documented that she had been prescribed an opioid analgesic or other medication which can cause constipation. Also, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the colace.