

Case Number:	CM14-0188687		
Date Assigned:	11/19/2014	Date of Injury:	07/25/2012
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This patient is a 41year old female who sustained an injury on 7/25/2012. She sustained the injury while she was in the bathroom stall; she slipped on a moist air freshener that was on the floor. The diagnoses include carpal tunnel syndrome, gastritis, insomnia, headache, constipation, and anemia. Per the doctor's note dated 9/19/2014, she had bouts of diarrhea and constipation for no known reason. Detailed physical examination was not specified in the records provided. The medications list includes Lidoderm patches, Colace, Loperamide, Motrin and Protonix. She has had MRI of the right shoulder dated 9/12/12 which revealed supraspinatus and infraspinatus tendinosis; MRI of the left wrist dated 9/11/12 which revealed median nerve neuritis, may be associated with carpal tunnel syndrome, correlated clinically, synovial cyst anterior to the trapezius joint, trapezium scaphoid osteoarthritis and pisotriquetral synovial cyst; MRI of the cervical spine dated 9/11/12 which revealed at C3-4 2.2 mm disc herniation, at C4-5 disc herniation abuts the thecal sac measuring 2 mm, at C5-6 a focal disc herniation abutting the spinal cord producing spinal cord narrowing, patent neuroforamina, disc measurements 3.2 mm in flexion and extension and 3 mm in neutral. She has had physical therapy visits and chiropractic treatment for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace capsule 100mg. unspecified QTY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 11/21/14) Opioid-Induced Constipation Treatment, Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex FDA labeled Indication for Docusate Sodium.

Decision rationale: Colace contains Docusate Sodium. According to the Thompson Micromedex FDA labeled indication for Colace includes "constipation care." Detailed history regarding constipation is not specified in the records provided. Evidence that patient is taking opioids is not specified in the records provided. Detailed abdominal examination is not specified in the records provided. Other measures for treatment of constipation are not specified in the records provided. The medical necessity of Colace capsule 100mg. unspecified QTY is not fully established for this patient. Therefore, the requested medication is not medically necessary and appropriate.