

<b>Case Number:</b>	CM14-0201306		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/22/2003
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 is a 66-year-old male with a date of injury 8/22/03. According to a progress report dated 10/1/14, the patient stated that he was unable to get out of bed as it decreased his level of pain from an 8/10 to a 3-4/10. The medications allowed him to get up and walk around within 30 minutes of taking it. His legs would go numb and it was difficult for him to walk. His medication regimen consisted of Norco, Neurontin, Colace, and Prilosec. Objective findings: healed surgical incision of lumbar spine with spasm, painful and limited range of motion, pain on the right at S1 distribution, positive Lasegue on the right. Diagnostic impression: lumbar discogenic disease, chronic low back pain, lumbar spondylosis, status post lumbar fusion. Treatment to date: medication management, activity modification, lumbar brace, TENS unit, and motorized wheel chair. On 11/19/2014 Utilization Review non-certified Colace 100mg #60. The medical records did not establish the injured worker having complaints of constipation that would warrant a stool softener.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 77. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Docusate, Peer-Reviewed Literature ('Management of Opioid-Induced Gastrointestinal Effects: Treatment').

**Decision rationale:** The Food and Drug Administration (FDA) stated that sodium docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. In the present case, it is noted that this patient's medication regimen included the opioid medication Norco. Guidelines support the use of Colace for the prophylaxis of opioid-induced constipation. Therefore, the request for Colace 100mg #60 is medically necessary.