

Case Number:	CM14-0202557		
Date Assigned:	12/15/2014	Date of Injury:	08/17/2006
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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 is a patient with a date of injury of 8/17/06. A utilization review determination dated 11/20/14 recommends non-certification/modification of Colace. 11/4/14 medical report identifies neck pain and headaches. Duragesic and Percocet bring pain down from 7/10 to 1/10. The provider recommended Colace 3-4 per day as needed and noted that a 2-month supply of medications was given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg, 120 count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Colace, California Pain Medical Treatment Guidelines support the prophylaxis of constipation for patients utilizing opioid therapy. Within the documentation available for review, the current prescription is for 3-4 per day #120 with 3 refills, which is approximately a 4-month supply. While the medication is appropriate, the opioids were prescribed for only two months. Furthermore, a prescription for four months of a

medication is not conducive to regular reevaluation for efficacy and continued need. Unfortunately, there is no provision for modification of the current request to allow for an appropriate amount of medication. In light of the above issues, the currently requested Colace is not medically necessary.