

Case Number:	CM14-0206423		
Date Assigned:	12/18/2014	Date of Injury:	10/15/2009
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 41-year-old man who sustained a work related injury on October 15, 2009. Subsequently, he developed chronic low back pain. Prior treatments included: medications, acupuncture (it helped with pain relief), psychotherapy sessions, H-wave (helped with pain), and home exercise program. According to a progress report dated November 7, 2014, the patient reported lower back pain. The pain level with medications was 5/10 and 7/10 without medications. The patient also reported ongoing urinary symptoms of hesitancy, decreased urine stream, stop and go flow of urine, and erectile dysfunction. On examination, there were no signs of intoxication or withdrawal. Gait was antalgic and slowed. Lumbar spine range of motion was restricted and was limited by pain. On palpation of the paravertebral muscles, there were spasm, tenderness, and tight muscle band on both sides. Straight leg raise test was positive on the right side. Flexion, abduction, external rotation was positive. Ankle jerk was 0/4 bilaterally. Patellar jerk was bilaterally. There was tenderness over the posterior iliac spine on the right sacroiliac spine. Motor strength was 4/5 on the right at the extensor hallucis longus, ankle dorsiflexors 4/5 on the right, knee extensors 4/5 on the right and knee flexors 4/5 on the right. Light touch sensation was decreased over lateral foot, medial foot, medial calf, lateral calf, lateral thigh, and all toes on the right side. Sensation to pinprick was decreased over lateral foot, medial foot, medial calf, lateral calf, medial thigh, lateral thigh, and all toes on the right side. Higher functions examination was normal. The patient had a signed pain narcotics agreement on file. The patient was diagnosed with lumbar radiculopathy, spinal degenerative disc disease, low back pain, post lumbar laminectomy syndrome, and mood disorder. The provider requested authorization for Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Opioid induced constipation treatment.
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

Decision rationale: According to the ODG guidelines, Colace is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient developed constipation or that first line measurements were used. Therefore the use of for Colace 100mg #60 is not medically necessary.