

Case Number:	CM15-0109235		
Date Assigned:	06/15/2015	Date of Injury:	08/05/2013
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports Medicine

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 46-year-old female, who sustained an industrial injury on August 5, 2013. The mechanism of injury was a trip and fall. The injured worker sustained injuries to the back, bilateral elbows and bilateral knees. The diagnoses have included thoracolumbar spine sprain/strain with myofascitis, bilateral elbow contusions, right ulnar neuritis, right knee sprain/strain, chondromalacia patellar tendonitis and patellofemoral tracking syndrome, internal derangement of the right knee, lumbar myofascitis, lumbar radiculitis and coccydynia. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, epidural steroid injections, chiropractic treatments, physical therapy, acupuncture treatments and a home stimulator. Current documentation dated May 21, 2015 notes that the injured worker reported low back pain with radiation to the left lower extremity. The pain was rated a five-six out of ten on the visual analogue scale. The pain was noted to be unchanged from the prior visit. Sensation was noted to be decreased in the lumbar three and lumbar four dermatome on the left. The treating physician's plan of care included a request for the medication Colace 100 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing therapy, page 77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a stool softener. MTUS guidelines state the following: Prophylactic treatment of constipation should be initiated. The clinical documents state that the patient was taking opioids. According to the clinical documentation provided and current MTUS guidelines, Colace is indicated as a medical necessity to the patient at this time.