

<b>Case Number:</b>	CM15-0109609		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	07/22/2005
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 49-year-old male, who sustained an industrial injury on 7/22/2005. The mechanism of injury was not documented. The injured worker was diagnosed as having lumbar disc displacement. Treatment to date has included diagnostics and medications. Currently (5/08/2015), the injured worker complains of not feeling good due to cold and allergies. He had dental ground placed about one week prior and was given Norco for a short time. He was seen for follow-up of low back pain and reported decreased pain, but the sharp and throbbing pain radiating to his legs still was intermittent. He wore a back brace and reported trouble sleeping due to pain, averaging 4-6 hours of broken sleep. He found his current medication helpful, easing pain and allowing him to help with house chores. His medical history included diabetes and hypertension. Current medications included Colace, Nabumetone, and Tizanidine. Gastrointestinal complaints were not noted. The treatment plan included medication refills. He was using Colace for greater than one year. The progress reports did not include any gastrointestinal complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg, #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/colace](http://www.drugs.com/colace).

**Decision rationale:** This 49 year old male has complained of low back pain since date of injury 7/22/05. He has been treated with medications. The current request is for Colace. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Colace. Based on this lack of documentation, Colace is not indicated as medically necessary.