

Case Number:	CM15-0018851		
Date Assigned:	02/06/2015	Date of Injury:	09/24/2008
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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: Illinois

Certification(s)/Specialty: Psychiatry

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 reported injury on 09/24/2008. The documentation indicated the injured worker had been utilizing constipation medication since 2011. The mechanism of injury was the injured worker fell in the freezer. The documentation of 01/12/2015 was a Request for Authorization for the medications. The documentation of 12/30/2014 revealed the injured worker's current medications included Colace 250 mg by mouth twice a day. The injured worker had deep tendon reflexes that were equal and symmetric in the bilateral upper extremities. The diagnoses included thoracic spine pain and low back pain. The treatment plan included Prilosec with 1 refill and Colace 250 mg with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250mg, #60 with 5 refills: Upheld

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 Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2011. There was a lack of documented efficacy. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Colace 250 mg #60 with 5 refills is not medically necessary.