

Case Number:	CM15-0134847		
Date Assigned:	07/23/2015	Date of Injury:	12/18/2010
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 12-18-2010. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include cervical radiculitis, lumbar disc displacement, lumbar facet arthropathy, gastroesophageal reflux disorder (GERD), medication related dyspepsia, chronic pain, cubital tunnel syndrome, status post left shoulder surgery. Currently, she complained of ongoing pain in the neck with radiation to bilateral upper extremities, low back pain with radiation down bilateral lower extremities, and pain in bilateral hands and feet and ongoing headaches. Pain was rated 9 out of 10 VAS with medication and ten out of ten VAS without medications. Current treatment included a TENS unit, hydrocodone-APAP, and MS Contin. On 4-27-15, the physical examination documented tenderness and muscle spasm in cervical and lumbar areas with decreased sensation and decreased range of motion. The straight leg raise test was negative bilaterally. The plan of care included a prescription for Colace 100mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #90 with 1 refill: 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), Opioid Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremities, and the low back with radiation to the bilateral lower extremities. The current request is for Colace 100mg #90 with 1 refill. The treating physician report dated 4/27/15 (32B) states, "Colace: renew as previously prescribed. Beneficial with intended effect at prescribed dose. Colace (Docusate) is a stool softener provided to this patient to manage medication related to constipation." The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." In this case, the patient is currently taking MS Contin and Norco, and the physician has documented that the medication was causing constipation. Furthermore, a progress report dated 4/27/15 states that the prescription of Colace helps with the constipation caused by the prescription of opioids. MTUS states prophylactic treatment of constipation is recommended. The current request is medically necessary.