

Case Number:	CM15-0188307		
Date Assigned:	09/30/2015	Date of Injury:	02/17/2015
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 33-year-old male injured worker suffered an industrial injury on 2-17-2015. On 8-19-2015, the treating provider reported he was having some constipation. There was no evidence of any other clinical details of the constipation or other non-pharmacological treatments that were tried and failed. Current medications included Norco and Relafen. The Utilization Review on 9-3-2015 determined modification for Colace 100 mg #60 with 2 refills to no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Opioid-induced constipation treatment.

Decision rationale: Colace 100 mg #60 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS states that when initiating opioids prophylactic treatment of constipation should be initiated. The ODG states that pharmacologic measures for opioids induced constipation treatment should be second line. The

documentation does not indicate what first line measures were tried and failed. Additionally, two refills of this medication are not medically necessary without evidence of efficacy. The request for Colace 100 mg #60 with 2 refills is not medically necessary.