

Case Number:	CM15-0188390		
Date Assigned:	09/30/2015	Date of Injury:	04/14/2011
Decision Date:	11/13/2015	UR Denial Date:	08/24/2015
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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial-work injury on 4-14-11. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, lumbago, carpal tunnel syndrome, medication induced gastritis, anxiety and depression. Medical records dated 7-29-15 indicates that the injured worker complains of pain in the neck and low back rated 9.5 out of 10 on the pain scale. He reports constipation, stomach upset and not sleeping well. The physical exam dated 7-29-15 reveals that the abdomen is soft and non-tender. Treatment to date has included pain medication including Norco, Lyrica, Omeprazole and Colace since at least 7-1-15. The treating physician indicates that the urine drug test result dated 7-1-15 was consistent with the medication prescribed. The request for authorization date was 7-29-15 and requested service included Colace 100 mg #60. The original Utilization review dated 8-24-15 non-certified the request for 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: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter (opioid-induced constipation treatment).

Decision rationale: Ca MTUS does not address the use of Colace. ODG states that Colace is a stool softener indicated for opioid-induced constipation. Guidelines support the treatment of opioid -induced constipation. In this case a prior request for operative intervention and post-operative Norco has not been established. Therefore since the need for narcotic management is not supported, the Colace is no longer needed. Thus the request for Colace is not medically necessary or appropriate.