

<b>Case Number:</b>	CM15-0198238		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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

Certification(s)/Specialty: Emergency 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 injured worker is a 38-year-old male, with a reported date of injury of 10-09-2013. The diagnoses include cervical spine sprain and strain, status post anterior posterior fusion at L4-5 and L5-S1, bilateral lower extremity radiculopathy, and spondylosis disc herniation, central stenosis, lateral recess stenosis, and neural foraminal stenosis at L4-5 and L5-S1 with bilateral lower extremity radiculopathy. Treatments and evaluation to date have included Tramadol, Colace (since at least 02-2015), physical therapy, home exercise program, and lumbar fusion on 08-23-2014. The diagnostic studies to date have included a urine drug screen on 07-21-2015 with negative findings. The progress report dated 08-25-2015 indicates that the injured worker complained of constant moderate neck pain, which was rated 4 out of 10, and radiated to the right upper extremity. He also complained of constant, moderate, postoperative low back pain, which was rated 6 out of 10, with radiation to the left buttock down to the left lower extremity with associated tingling sensation. The injured worker reported having anxiety, depression, stress, and insomnia. The injured worker also reported having fatigue, and nausea and constipation. The physical examination showed limited cervical spine range of motion to flexion at 35 degrees, extension at 25 degrees, right rotation at 45 degrees, left rotation at 40 degrees, right lateral bend at 10 degrees, and left lateral bend at 15 degrees; positive Spurling's test on the right; weakness in the right biceps and wrist extensor muscles; some slight sensory deficit in the right upper extremity; improved lumbar range of motion to forward flexion at 45 degrees, extension at 15 degrees, right lateral bend at 25 degrees, and left lateral bend at 20 degrees; slight weakness in the left lower extremity; and slight sensory deficit in the left lower extremity. It was noted that x-rays of the cervical spine on 08-25-2015 showed normal results. The treatment plan included Colace, one by mouth three times a day. The injured worker was currently temporarily totally disabled. The treating physician requested Colace 100mg #60. On 09-10-2015, Utilization Review (UR) non-certified the request for Colace 100mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace cap 100mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The requested Colace cap 100mg #60, medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that include serious fractures, sleep apnea, hyperalgesia, immune-suppression, chronic constipation, bowel obstruction and that prophylactic treatment of constipation should be initiated. The injured worker has anxiety, depression, stress, and insomnia. The injured worker also reported having fatigue, and nausea and constipation. The physical examination showed limited cervical spine range of motion to flexion at 35 degrees, extension at 25 degrees, right rotation at 45 degrees, left rotation at 40 degrees, right lateral bend at 10 degrees, and left lateral bend at 15 degrees; positive Spurling's test on the right; weakness in the right biceps and wrist extensor muscles; some slight sensory deficit in the right upper extremity; improved lumbar range of motion to forward flexion at 45 degrees, extension at 15 degrees, right lateral bend at 25 degrees, and left lateral bend at 20 degrees; slight weakness in the left lower extremity; and slight sensory deficit in the left lower extremity. The injured worker is being prescribed opiates and referenced guidelines recommend preventive use of laxatives for opiate-induced constipation. The criteria noted above having been met, Colace cap 100mg #60 is medically necessary.