

Case Number:	CM15-0200099		
Date Assigned:	10/15/2015	Date of Injury:	03/24/2010
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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:

This injured worker is a 61 year old male who reported an industrial injury on 3-24-2010. His diagnoses, and or impressions, were noted to include: status-post cervical and lumbar spine surgery; lumbar spine radiculopathy and right foot drop and right lower extremity paresthesia secondary to lumbar spine radiculopathy and diabetic polyneuropathy; controlled, industrially caused, diabetes mellitus; and controlled gastrointestinal reflux disease (GERD) and constipation. No imaging studies were noted. His treatments were noted to include: restricted diet, with medications, for cardiac and diabetes; diagnostic laboratories (8-3-15); and medication management (Colace since 3-11-15). The progress notes of 8-12-2015 reported: that his low back pain had subsided since April and going to an urgent care facility, receiving an injection; nicely controlled neuropathic pain in his lower extremities, with Nexium; that his constipation was well controlled; and that he occasionally took Zolpidem for sleep. The objective findings were noted to include: a within normal abdominal assessment; unchanged right lower extremity foot drop; and completely normal diagnostic complete metabolic pane (accept for glucose and calcium), and a controlled hemoglobin A1C. The physician's requests for treatment were noted to include Colace 100 mg twice a day as needed, #60 with 1 refill, for his constipation. The Request for Authorization, dated 9-2-2015, was noted to include Colace 100 mg twice a day as needed, #60 with 1 refill. The Utilization Review of 9-11-2015 non-certified the request for Colace 100 mg twice a day as needed, #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg PO BID PRN #60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: According to the MTUS when initiating the use of opioid analgesic medications for the use of chronic pain prophylactic treatment of constipation should be initiated. However in this case the documentation doesn't support that the patient is taking opioid analgesic medications or having any complaints of constipation. The continued use of Docusate Sodium is not medically necessary.