

Case Number:	CM15-0209714		
Date Assigned:	10/28/2015	Date of Injury:	12/01/2004
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 1, 2004. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve a request for Colace. The claims administrator referenced an October 5, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 5, 2015, the applicant reported ongoing issues with chronic low back pain. Ancillary complaints of shoulder, neck, upper back, and elbow pain were reported. The applicant's medications included Flector patches, Nexium, Colace, and Lyrica, it was reported. The applicant reportedly had issues with constipation, it was reported in the Gastrointestinal Review of Symptoms section of the note. Multiple medications were seemingly endorsed at the bottom of the note, including Norco, Flexeril, Flector patches, Nexium, and the Colace patches at issue while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #120 with 2 refills: Overturned

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, criteria for use.

Decision rationale: Yes, the request for Colace, a stool softener/laxative, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants in whom opioid therapy had been initiated. Here, the applicant was, in fact, using Norco, an opioid agent, the treating provider reported on the October 5, 2015 office visit at issue and had, moreover, developed actual symptoms of constipation associated with consumption of the same. Usage of Colace was, thus, indicated to ameliorate the same. Therefore, the request is medically necessary.