

<b>Case Number:</b>	CM15-0037774		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	02/19/2007
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 46 year old male who sustained an industrial injury on 02/19/07. He reports low back pain radiating down the left leg. Diagnoses include cervical spine strain with radiculopathy and lumbar spine disectomy. Treatments to date include medications. In a progress note dated 01/22/15 the treating provider recommends physical therapy, and medications including cyclobenzaprine, Voltaren, Oxycodone, Colace, Lexapro, omeprazole, gabapentin, ibuprofen, and Silenor. On 02/20/15 Utilization Review non-certified the Colace, citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #180, take 1 twice daily:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** According to the 02/19/2015 progress report, this patient presents with a 6/10 back pain that radiates to the lower back and left leg. The current request is for Colace 100mg #180, take 1 twice daily and the patient is currently taking Oxycodone 5mg. The request for authorization is not included in the file for review. The patient's work status was not mentioned in this report. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. The treating physician states "With use of medication, he is able to have a regular, normal BM every 2 to 3 days." In this case, the treating physician is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. The current request IS medically necessary.