

Case Number:	CM15-0045096		
Date Assigned:	03/16/2015	Date of Injury:	04/23/2013
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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, California
 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:

This is a 35 year old female patient, who sustained an industrial injury on 4/23/2013. Diagnoses have included sprain of ankle, lumbar/lumbosacral disc degeneration and depressive disorder. She sustained the injury due to fall. According to the progress note dated 3/20/2015, she had complained of low back pain with radiation to the left hip and buttock and right ankle pain. According to the progress note dated 2/27/2015, she had complained of lower back pain, left hip pain and right ankle pain. She reported that right ankle pain had been increasing over the past month due to altered gait secondary to lumbar pain and lumbar radiculopathy. She rated her current pain as 7/10. The physical examination revealed a mildly antalgic gait to the right and palpable lumbosacral muscle spasm with myofascial trigger points on the left and acute pain with palpation over the left sacroiliac (SI) joint. Per the note dated 3/20/15, the medications list includes tizanidine, xanax, seroquel, ambien, wellbutrin, hydrocodone, Colace and Naproxen. She has had thoracic MRI, lumbar MRI and EMG/NCS for lower extremities. Treatment to date has included lumbar epidural steroid injection (ESI), physical therapy and medication. She reported completing six sessions of physical therapy with benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #30 (frequency and duration unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/06/15) Opioid-induced constipation treatment and Other Medical Treatment Guidelines Thompson Micromedex FDA labeled indication for Docusate sodium.

Decision rationale: Request: Colace 100mg #30 (frequency and duration unspecified) Colace contains Docusate sodium. According to the Thompson Micromedex FDA labeled indication for Colace includes "constipation care." The medications list includes opioid-norco, which may cause constipation. However, a detailed history regarding constipation is not specified in the records provided. A detailed abdominal examination is not specified in the records provided. Other measures for treatment of constipation are not specified in the records provided. The medical necessity of Colace 100mg #30 (frequency and duration unspecified) is not fully established for this patient.