

<b>Case Number:</b>	CM15-0047066		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 47 year old male who sustained an industrial injury on 01/03/13. Initial complaints and diagnoses are not available. Treatments to date include medications and a TENS unit. Diagnostic studies are not discussed. In a progress note dated 11/04/14 the treating provider reports the plan of care as a urology consultation, TENS unit, and medications including gabapentin, Elavil, Omeprazole, baclofen, Flomax, Colace, senokot, Naproxen, and Percocet. Laboratory studies are also planned. The requested treatment is Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLACE 50 MG CAPSULES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18,13-16, 68, 78, 73-78, 80.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/colace](http://www.drugs.com/colace).

**Decision rationale:** This 47 year old male has complained of chronic pain since date of injury 1/3/13. He has been treated with TENS unit, physical therapy and medications. The current

request is for Colace. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Colace. On the basis of this lack of documentation, Colace is not indicated as medically necessary.