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| Case Number: | CM15-0048073 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 02/05/1999 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 03/07/2015 |
| Priority: | Standard | Application Received: | 03/13/2015 |

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: Connecticut, California, Virginia
 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 injured worker is a 48 year old male, who sustained an industrial injury on February 5, 1999. He reported low back pain. The injured worker was diagnosed as having lumbago, thoraco/lumbosacral neuritis/radiculitis unspecified, post laminectomy syndrome of the lumbar region and intervertebral degenerative disc disease (DDD) with. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, epidural steroid injections, pain medications and work restrictions. Currently, the injured worker complains of left mid back pain, low back pain and left leg pain with associated left lower extremity numbness, tingling and weakness. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 29, 2015, revealed chronic low back pain. He reported up to an 80% relief with epidural steroid injections. Medications were renewed and Colace was recommended secondary to constipation with pain medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg twice a day #120 5 refills for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 16-19, 77.

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

Decision rationale: The MTUS supports prophylactic treatment of constipation in patients being treated with opioids. In this case, the initial request included 5 refills; utilization review modified the request to Colace 100mg tablets to be taken twice daily (total number 120 tabs with one refill) due to lack of evidence in the provided documents for a definitive treatment timeline with opioids. In the opinion of this reviewer, without further elaboration on an expected opioid treatment timeline, the modification by utilization review was appropriate, and therefore the initial request to include five refills is not considered medically necessary. Further documentation of medical necessity should be provided to allow for consideration of further treatment/refills. The request is not medically necessary.