

Case Number:	CM14-0111080		
Date Assigned:	08/01/2014	Date of Injury:	03/04/2011
Decision Date:	10/16/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old male who reported an injury on 03/04/2011 due to cumulative trauma. On 09/06/2014, the injured worker presented with complaints related to the right shoulder. This note is handwritten and largely illegible. The injured worker presented for a follow-up and postop care. His diagnoses were cervical spine sprain/strain and right shoulder strain and impingement. A current medication list was not provided. The provider recommended Colace 100mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg twice a day #1: Upheld

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

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

Decision rationale: The request for Colace 100 mg twice a day #1 is not medically necessary. The California MTUS Guidelines recommend Colace for opioid induced constipation. The

injured worker does not have signs and symptoms or a diagnosis of constipation. There was a lack of documentation of the provider's rationale for the recommendation of Colace. Additionally, clarification is needed on the quantity that is being recommended in the request as submitted. As such, medical necessity has not been established.