

<b>Case Number:</b>	CM14-0115434		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 39-year-old gentleman was reportedly injured on June 1, 2011. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated June 26, 2014, indicated that there were ongoing complaints of low back pain radiating to both lower extremities and left shoulder pain. Pain was rated at 8/10 without medications and 6/10 with medications. Current medications include Colace, oxycodone, Senokot, trazodone, MS Contin, and Voltaren gel. The physical examination demonstrated decreased lumbar spine range of motion and tenderness along the paravertebral muscles. There was a negative facet loading test. There was decreased right shoulder range of motion with flexion to 160, abduction to 165, internal rotation to 45, and external rotation to 45. There was also decreased left shoulder range of motion with flexion to 100, abduction to 150, internal rotation to 60, and external rotation to 50. There was a negative Hawkin's test and a positive Speed's test. There was decreased sensation over the left thumb, index finger, and middle finger and decreased strength of 4/5 with left shoulder abduction. Diagnostic imaging studies of the lumbar spine revealed multilevel facet hypertrophy and disc desiccation with an annular tear at L4-L5. An MRI of the left shoulder showed a partial thickness tear of the long head of the biceps tendon and minimal rotator cuff tendinitis. Previous treatment included left shoulder surgery. A request had been made for Colace and was not certified in the pre-authorization process on July 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg BID #60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Antidepressants Page(s): 74-97, 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 77 of 127..

**Decision rationale:** According to the progress note dated June 26, 2014, the injured employee is concurrently prescribed Senokot and Colace. It is unclear why there are two medications prescribed for the injured employee's constipation symptoms. Considering this, the request for Colace is not medically necessary.