

Case Number:	CM14-0127750		
Date Assigned:	08/18/2014	Date of Injury:	02/05/1999
Decision Date:	10/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 47-year-old male with an original date of injury of 2/5/99. The patient has diagnosis of chronic low back pain and the pain is severe and warranted pain pump implantation. The injured worker has a medication regimen consisting of Exalgo, Baclofen, Norco, and Fentanyl. A utilization review determination had modified this request to allow 60 tablets of Colace. The reviewer stated his agreement with the use of prophylactic agents for opioid induced constipation, but the issue of dispute was the quantity. Upon further clarification, the original request is for Colace 100mg orally twice daily. However, it is evident based on the submitted utilization review determination that this original request was not clearly communicated to the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace (100mg capsules, twice a day): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Opioids for Chronic Pain; Opioids-Criteria For Use;. Decision based on Non-MTUS Citation FDA Approved Labeling Information for Ciprofloxacin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids Initiation Section

Decision rationale: The California Medical Treatment and Utilization Schedule specifically addresses constipation with opioids and states: "Prophylactic treatment of constipation should be initiated." The only objection the utilization review had was that they did not understand the original request. Now that the request, has been clarified, the request for a one-month supply of Colace with quantity 60 pills (since Colace is typically dosed twice daily) is appropriate in this patient with documented chronic opioid use. This request is medically necessary.