

Case Number:	CM14-0134559		
Date Assigned:	08/27/2014	Date of Injury:	01/28/2009
Decision Date:	10/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, 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 64 year old male who was injured on 01/28/09 when he lost his balance and fell from a ladder. Neither the specific injuries sustained nor the initial treatments rendered were provided in the documentation submitted for review. Current diagnoses include cervical degenerative disc disease with foraminal stenosis, cervical radiculopathy, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar radiculopathy, and myofascial pain. He has had treatment that included activity restrictions, rest, pain medications and sacroiliac joint injections. The injured worker continues to follow up in the clinic for pain in the neck, arm, back and left leg. Clinical note dated 07/14/14 indicated the injured worker complains of low back pain greater than his neck pain, but overall pain is stable compared to previous month. Pain level was reported as 5/10, but without medication his pain level is at 8/10. The injured worker indicated that the pain medication, activity restriction and rest kept pain within a manageable level and allowed him to complete activities of daily living. Clinical documentation indicated the injured worker had bilateral sacroiliac joint injections on 04/08/13 which afforded fifty percent pain relief for two months. Physical examination revealed a stiff gait, with range of motion restricted by fifty percent in 5 directions but is unable to extend due to pain. Straight leg raise was positive on the right. Medications prescribed were Tramadol 50 milligrams tab, Flexeril 10 milligrams, Nexium 40 milligrams, Colace 2 and Senna. There no other recent documentation submitted for review. The previous request for Colace 2 by mouth twice a day, quantity 120 was certified for one month only, on 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 2 by mouth twice a day #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Pain 2014, Opioid-induced constipation treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version

Decision rationale: As per Official Disability Guidelines, prophylactic treatment of constipation should be initiated if prescribing opioids. Constipation is a common adverse effect of long term opioid use. The previous request for Colace 2 was certified with modification for one month, while patient is being weaned off Tramadol on 07/14/14. There was no recent clinical documentation provided for review after that date, limiting the ability to assess the patient's current clinical status as well as to substantiate the medical necessity of the medication requested. As such, the request for Colace 2 by mouth twice a day quantity 120 cannot be recommended as medically necessary and appropriate at this time.